

Public Health Outcomes: Reduce Alcohol Harm

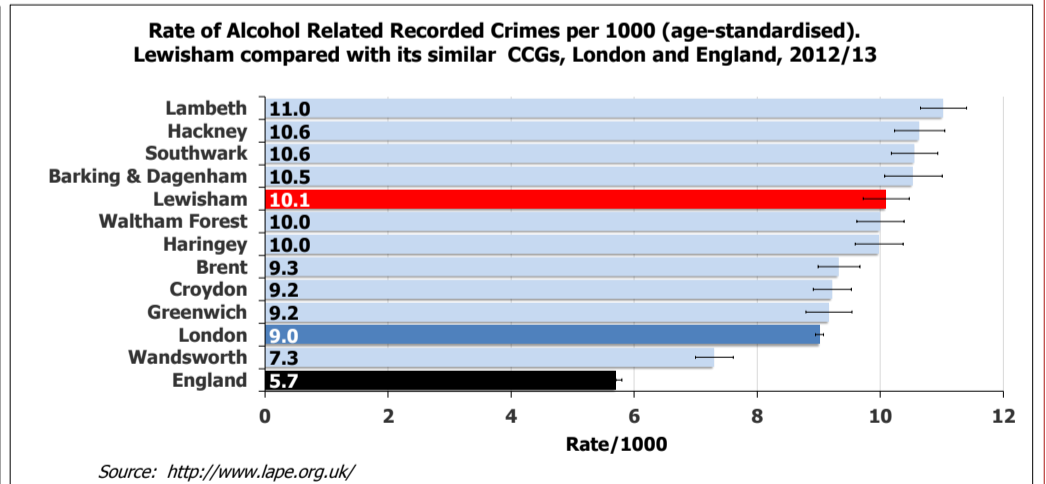
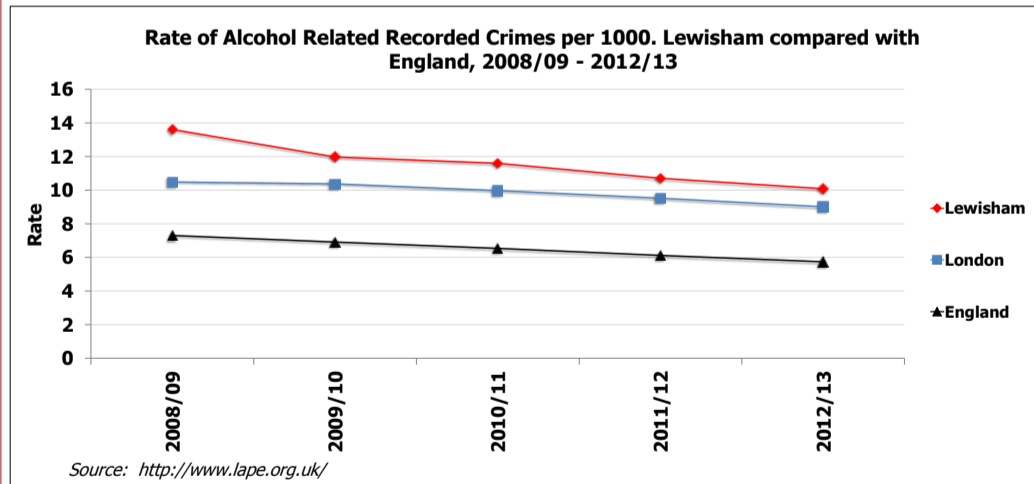
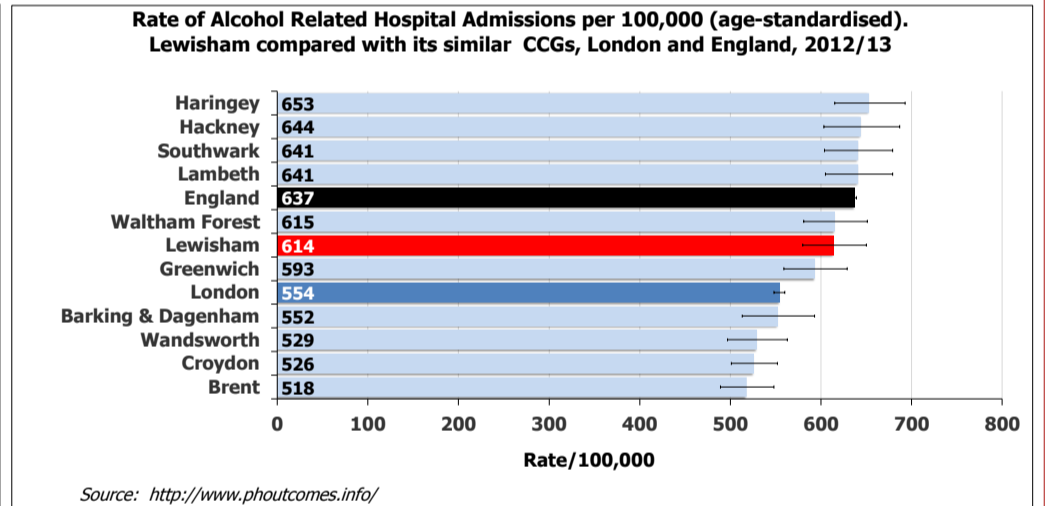
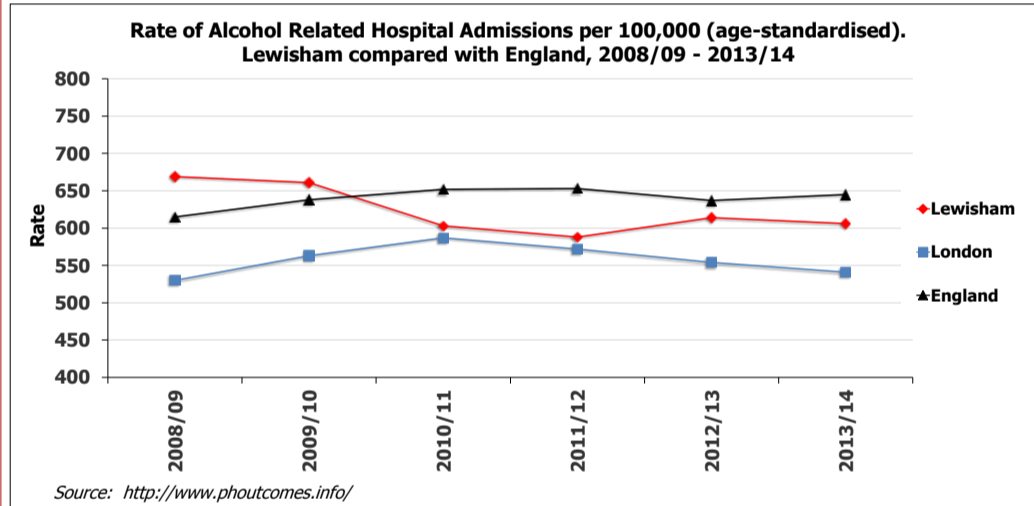
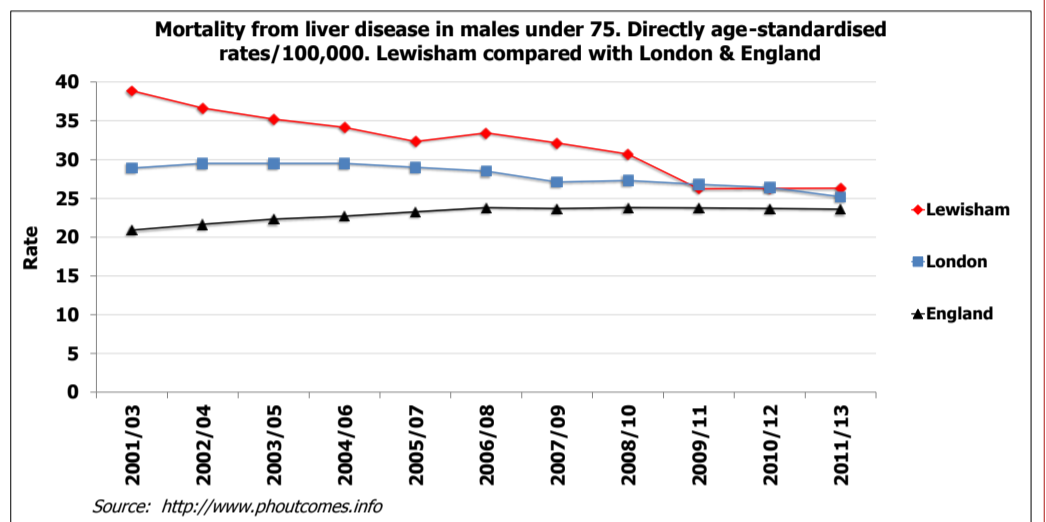
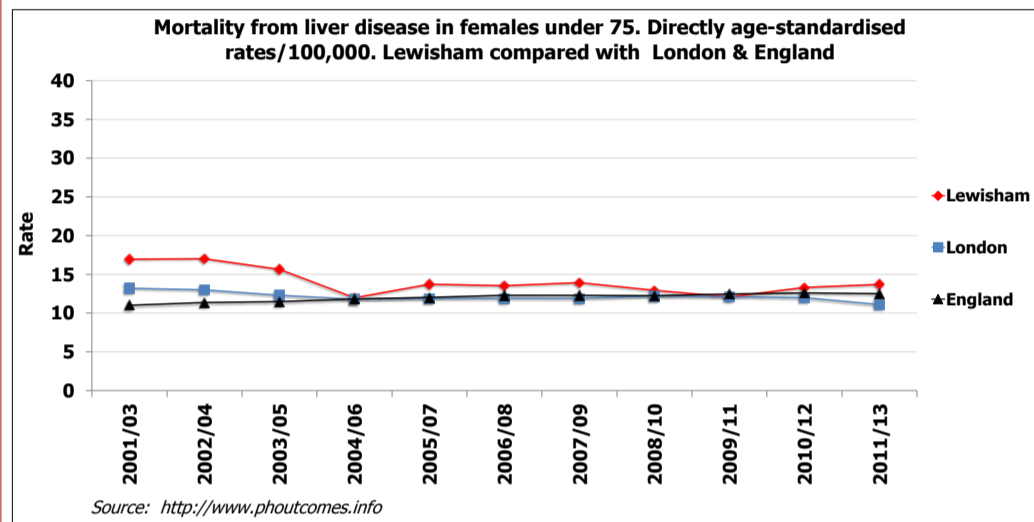
Key Messages

- Under 75 mortality for liver disease is increasing in England. It appears to be decreasing in Lewisham but the changes from year to year are not statistically significant.
- Alcohol related admissions in Lewisham have decreased since 2008/9 however it is unclear whether they are continuing to decrease as the rates over the past three years have not been statistically different. The latest data is similar to the England rate.
- Screening for alcohol is now embedded into antenatal care
- Proportion of those having NHS Health checks screened for alcohol has increased from 74% in 2013/14 to 97% in Q2 2014/15 and AUDIT C now embedded in programme.
- About 13% of those screened have excess alcohol intake (about 90 per quarter)
- There has been an increase in the numbers of front line workers trained in IBA (181 in Q1 & 2), which should lead to an increase in those screened. and referred where excess alcohol intake has been identified.
- There are an estimated 3,650 alcohol dependent people living in Lewisham, however only 5% of those are reached by the specialist service.

Health and Wellbeing Board Performance Metrics

Indicator	Latest period of availability	Lewisham	London	England	England benchmark	Direction from previous period
Alcohol related admissions (ASR per 100,000 population)	2013-14	606	541	645	similar	
Number of practitioners skilled in identifying those at risk from alcohol harm and delivering brief interventions (Local source)	Nov-13 to Aug-14	384	-	-	-	-

Trends/Benchmarks



Activity Performance

Alcohol related admissions to hospital. Age-standardised rates per 100,000 population	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14
Lewisham	669	661	603	588	614	606
number				1351	1430	1434
London	615	638	652	653	637	554
England	530	563	587	572	554	637

Identification and Brief Advice (IBA)	2013/14	2014/15 Q1	2014/15 Q2	2014/15 Q3	2014/15 Q4
Number of front line workers trained in IBA	195	36	144	115	130

NHS Health Checks	2013/14	2014/15 Q1	2014/15 Q2	2014/15 Q3	2014/15 Q4
Number of patients who have received NHS Health Checks who have been screened for alcohol (AUDIT C)	5,216	1,489	1,447	1,193	1,094
Number of patients identified with excess alcohol intake	655	188	189	140	154

Diagnostic Outcomes Monitoring Executive Summary (DOMES)

1. Successful completions as a proportion of all in treatment

Baseline period: April 2013 - Mar 2014		Previous Period: Jan 2014 to Dec 2014		Latest Period: Apr 2014 to Mar 2015		National average
(%)	(n)	(%)	(n)	(%)	(n)	
37.0%	60/162	38.5%	112/291	43.6%	125/287	39.2%

2. Proportion who successfully completed treatment in the first 6 months of the latest 12 month period and re-presented within 6 months

Baseline period: Completions: April 2013 - sep 2013 Re-presentations: up to March 2014		Previous Period: Jan 2014 to Jun 2014 Re-presentations: up to Dec 2014		Latest Period: Oct 2013 to Mar 2014 Re-presentations: up to Sep 2014		National average
(%)	(n)	(%)	(n)	(%)	(n)	
3.7%	1/27	10.2%	5/49	7.9%	3/38	10.9%

3. Abstinence and reliably improved rates at 6 months review in the last 12 months

Abstinence rates				Expected range for Lewisham clients	Reliably improved
Previous period: Apr 2014 to Jun 2014		Latest period: Jan 2015 to Mar 2015			
(%)	(n)	(%)	(n)	(%)	(%)
28.9%	35/121	19.7%	29/147	16.7% - 30.5%	25.9%

4. Percentage of clients waiting over three weeks to start first intervention

Previous period: Apr 2014 to Jun 2014		Latest period: Jul 2014 to Sep 2014		National average	Number over 6 weeks
(%)	(n)	(%)	(n)	%	(n)
1.9%	2/105	0.0%	0/57	4.4%	0

5. Proportion of new representations who had an unplanned exit or transferred and not continuing a journey before being retained for 12 weeks

Previous period: Apr 2013 to Mar 2014		Latest period: Jul 2013 to Jun 2014		National average
(%)	(n)	(%)	(n)	%
22.1%	30/136	18.4%	40/217	17.7%

6. Proportion in treatment who live with children under the age of 18

Previous period: Jul 2013 to Jun 2014		Latest period: Apr 2014 to Mar 2015		National average
(%)	(n)	(%)	(n)	%
24.8%	58/234	14.2%	36/254	17.2%

7. Proportion of new presentations to treatment who live with children under the age of 18

Previous period: Jul 2013 to Jun 2014		Latest period: Apr 2014 to Mar 2015		National average
(%)	(n)	(%)	(n)	%
24.6%	52/211	21.3%	61/287	25.8%

8. No of Community Detoxifications

Period	Medical	Non-Medical
Q1 Apr - Jun 2014	12	0
Q2 Jul - Sep 2014	11	12
Q3 Oct - Dec 2014	0	13
Q4 Jan - Mar 2015	0	0
Total	23	25

Young people: YP Specialist Substance Misuse Interventions

Number in specialist services	2011/12	2012/13	2013/14	2014/15
No. of young people under 18 in specialist services in the community	220	206	211	199
No. of young adults, 18-24, in 'young people only' specialist services in the community	68	71	63	72
No. of young people under 18 in specialist services within the secure estate	0	7	24	13

Referral sources	Local	Local%	England
Youth justice (incl the Secure Estate)	72	50%	30%
Education Services	32	22%	26%
Self, family and friends	6	4%	11%
Children and family services	14	10%	17%
Other substance misuse services	2	1%	4%
Health and mental health services (excl A&E)	10	7%	7%
A&E	1	1%	1%
Other	6	4%	4%

Achievements

- There has been a continued focus on enforcement regarding the availability and supply of alcohol and the Licensing Policy has been reviewed
- Increase in numbers screened for alcohol. - All pregnant women are now screened for alcohol. Proportion of those having NHS Health checks screened for alcohol has increased from and is now embedded in programme.
- Increase in number of front line workers trained to identify alcohol and deliver brief interventions
- Specialist alcohol care team at Lewisham hospital has become increasingly effective at reaching dependent drinkers in A & E and as inpatients, although their capacity is stretched and below the national average
- From April 2015 Specialist services for young people and shared care with GPs were re-commissioned from new providers

Public Health Outcomes: Cancer

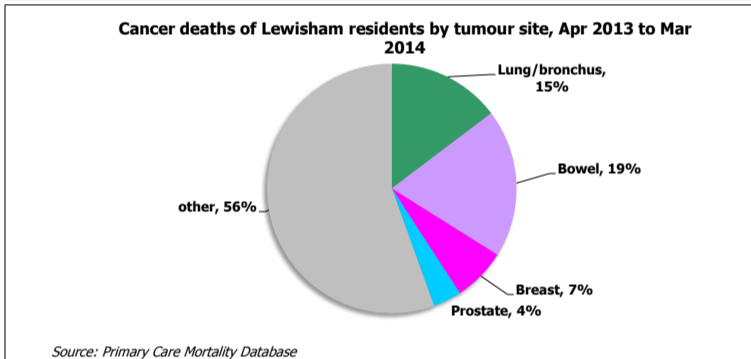
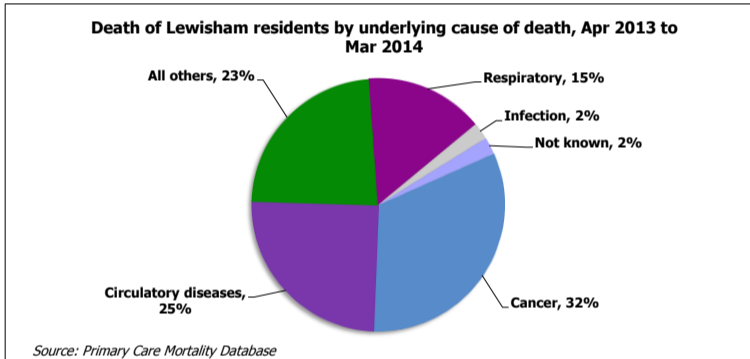
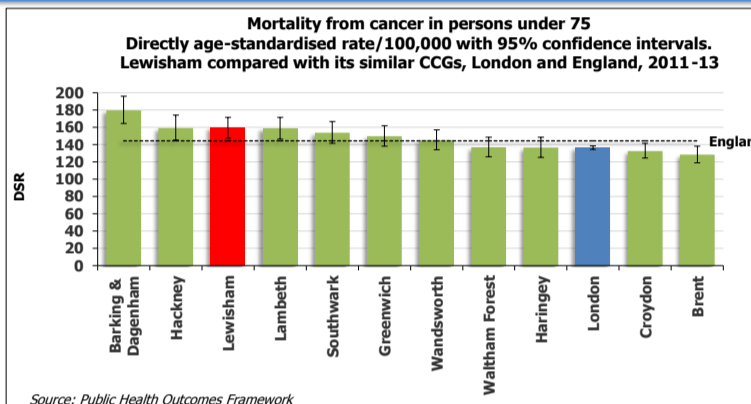
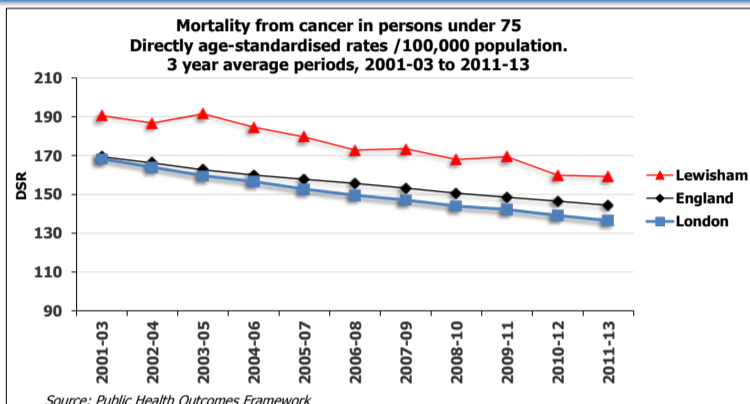
Key Messages

- Over the past ten years premature mortality from cancer is decreasing in England, London and Lewisham. However premature mortality from cancer in Lewisham remains significantly higher compared to London and England
- In 2013/14, cancer was the main cause of death in Lewisham
- One year lung cancer survival in Lewisham is similar to London but higher than England. Five year lung cancer survival in Lewisham is similar to England but lower than London
- One year breast cancer survival is higher in Lewisham than London and England. Five year breast cancer survival is similar for Lewisham, London and England
- Both one year and five year colorectal cancer survival in Lewisham are lower than London and England
- One year prostate cancer survival in Lewisham is similar to London and England. Five year prostate cancer survival is higher in Lewisham than London and England
- The proportion of cancer diagnosed at an early stage in Lewisham is not significantly different from neighbouring boroughs or England
- Breast screening coverage in Lewisham does not meet the national target of 70% and has remained at approximately 65% for the past 7 years
- Over the past ten years, at a national level there has been a downward trend in cervical screening coverage. In contrast in Lewisham since 2010-11 there has been a slight increase in coverage which has levelled off in the past three years
- Uptake of bowel cancer screening in Lewisham does not meet the national target of 60%. Lewisham's uptake (46.4%) in 2014/15 Q1 is below the South East London average of 49.4%

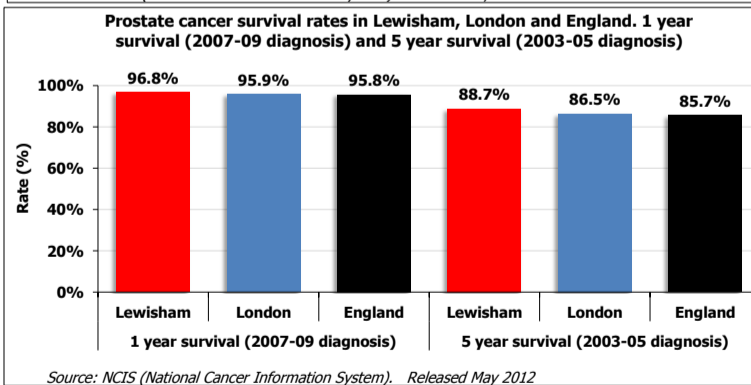
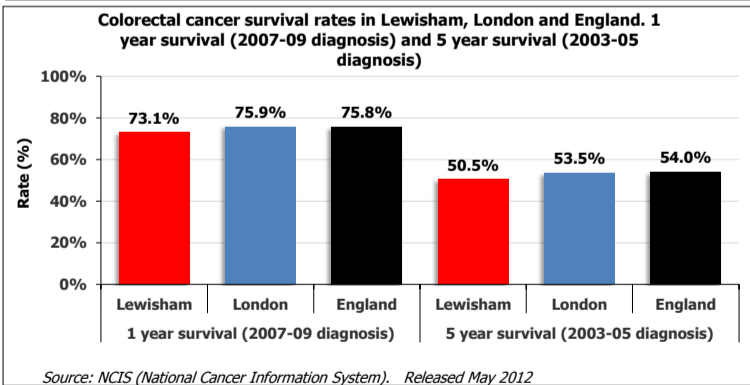
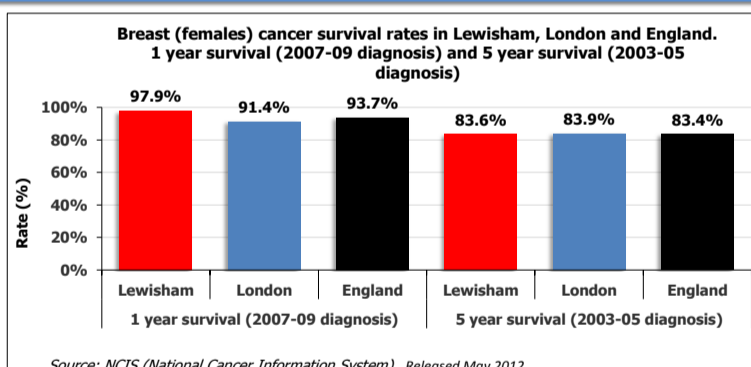
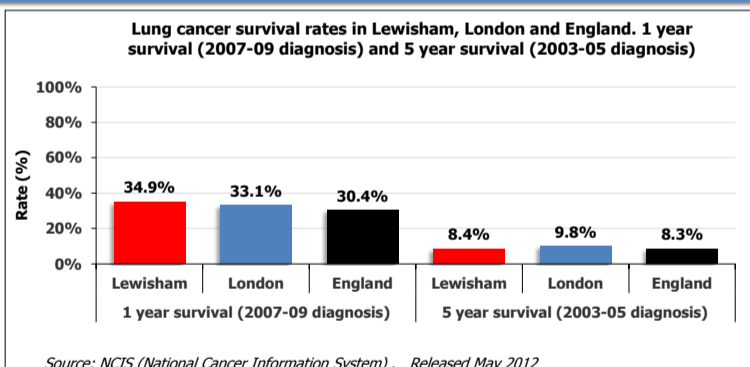
Health and Wellbeing Board Performance Metrics

Indicator	Frequency	Latest period of availability	Previous period (Lewisham)	Latest period (Lewisham)	London	England	England benchmark	Direction of Travel
Breast cancer screening coverage (%)	Annual	2014	66.0%	65.0%	68.9%	75.9%	Significantly worse	↓
Cervical cancer screening coverage (%)	Annual	2014	72.4%	73.7%	70.3%	74.2%	Significantly worse	↑
Bowel cancer screening coverage (%)	Local ad-hoc	Oct 2011 - Sep 2012	-	40.9%	-	-	-	-
Early diagnosis of cancer (%)	Annual	2012	-	39.9%	-	41.6%	-	N/A
Two week wait referrals (number per 100,000 population)	Annual	2013-14	2273	2614	-	2399	-	↑
Under 75 mortality from all cancers (DSR/100,000 population)	Annual	2011-13	159.9	159.2	136.5	144.4	Significantly worse	↓

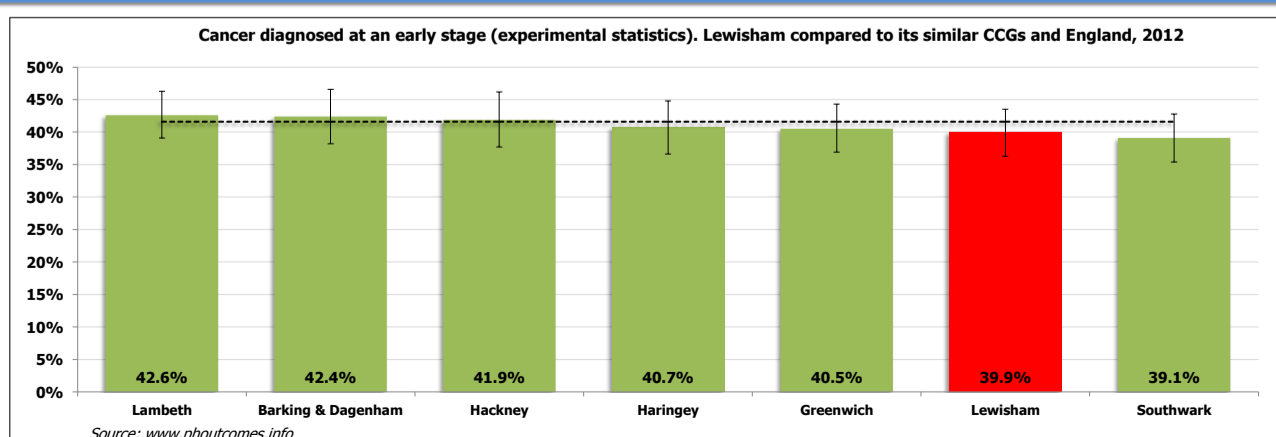
Mortality: Trends/Benchmarks



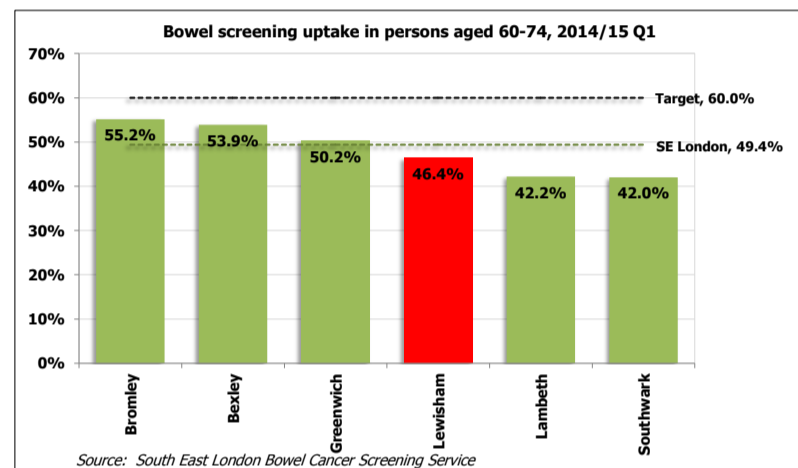
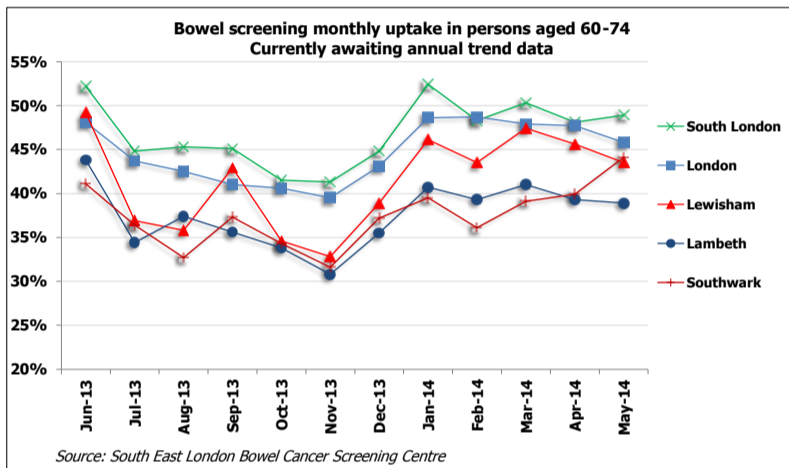
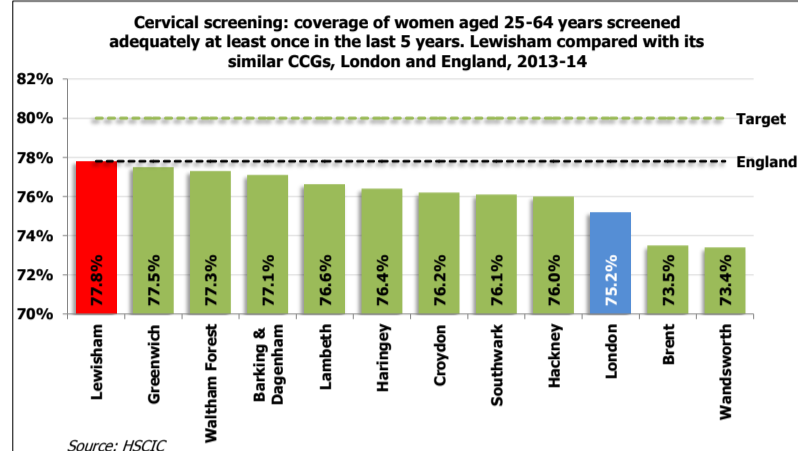
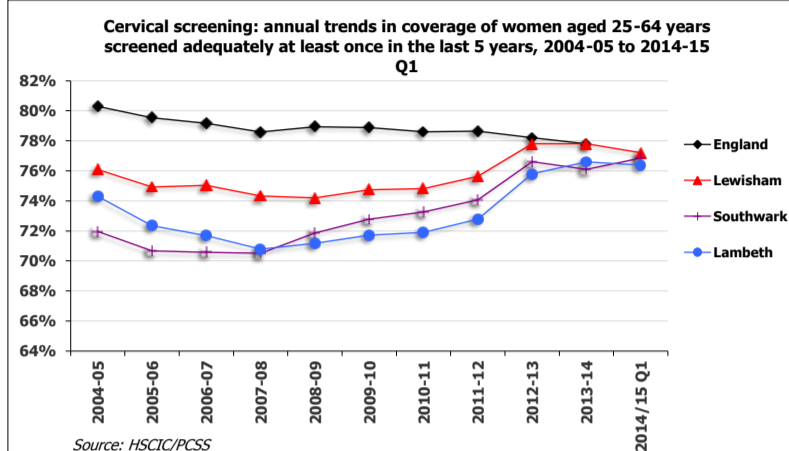
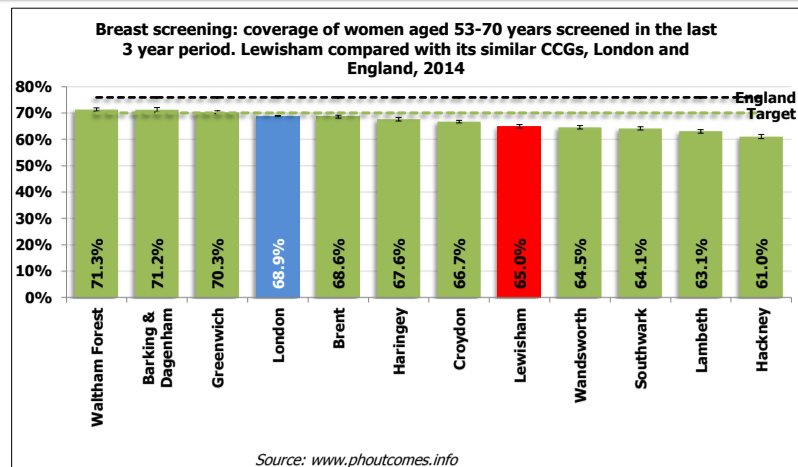
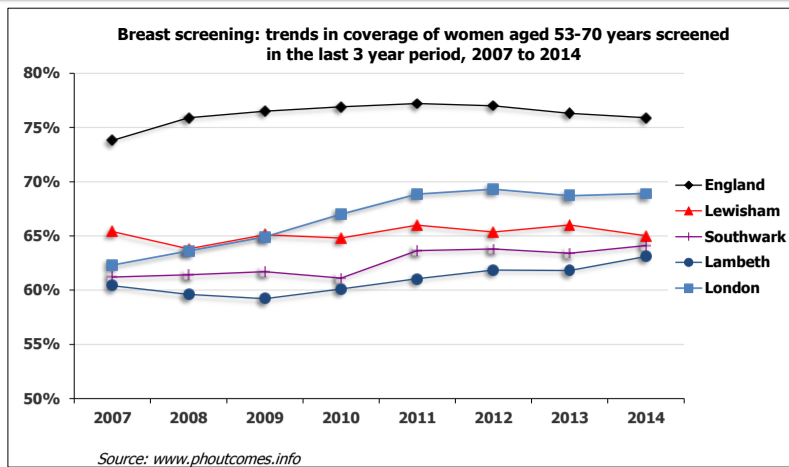
Survival: Trends/Benchmarks



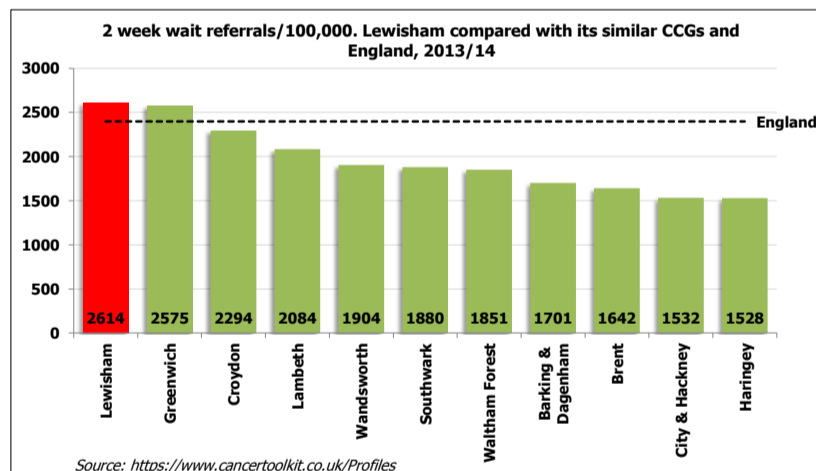
Early Diagnosis: Trends/Benchmarks



Screening: Trends/Benchmarks



2 Week Waits: Trends/Benchmarks



Achievements

A Health and Wellbeing Strategy Priority has been that of increasing the number of people who survive colorectal, breast and lung cancer for. As part of implementing this, a number of actions have been undertaken including the following:

- Review of Cancer: CCG and Public Health have completed a review of cancer in February 2014. Reducing variation in early detection has been incorporated into the work of the CCG Primary Care Development Strategy Board.
- Cancer awareness raising: Public Health incorporated cancer awareness raising as part the services delivered by the Community Health Improvement Service in Lewisham & Greenwich Trust)
- Be Clear on Cancer Campaigns: Public Health England's National Be Clear on Cancer Campaigns that have focussed on Bowel Cancer, Bladder and Kidney Cancer, Lung Cancer, Ovarian Cancer and Breast cancer in older have been promoted to Primary care and communities
- activity proposed for 2015-2018 includes promoting cervical, bowel, breast and cervical cancer screening programmes in the community and work with GP Practices so that they

Key Messages

Childhood obesity: Rates remain significantly higher than the England rate and for 2013/14 Lewisham remains in the top quintile (highest) of Local Authority obesity prevalence rates for Year 6. Reception year performance has improved and Lewisham is now in the second quintile. As in previous years the proportion of obese children in Year 6 was more than double that of Reception year children, similar to the national results. Local analysis of the data reveals that for the eight years data has been collected (2006/7 to 2013/14) there is slight variability but no consistent trend over the period in obesity rates in either cohort of children.

Actions to address this problem include building the local capabilities of the workforce through training on a variety of topics to promote healthy weight, provision of targeted and specialist weight management services accessible in community venues and the development of a 'Health in Lewisham' webpage on the council website to provide information and advice to support families achieve a healthy lifestyle.

Breastfeeding: Rates declined for 6-8 week prevalence during 2013/14, some of this was due to changes in the reporting parameters for submitting data that occurred during 2013-14, this also affected the completeness of the data which was below 95% for Q1 and 3 for initiation and Q1,3 and 4 for 6-8 weeks meaning that our data did not meet national validation criteria. The submission for 2014-15 indicate that this issue has been resolved and it is anticipated that breastfeeding prevalence will improve in 2014-15.

Actions to increase breastfeeding rates include working towards UNICEF Baby Friendly accreditation in the borough. The community and hospital achieved stage two accreditation in 2014 and are jointly working towards achieving stage 3 in October 2015. Children's centres have also registered their intention to work towards Baby Friendly accreditation so that they can work more closely with health visitors and maternity services in supporting mothers to breastfeed.

Maternal obesity: Maternal obesity increases the risk of poor pregnancy outcomes and is a risk factor for childhood obesity. Data from Lewisham Hospital for 2013 - 2014 indicates that maternal obesity rates are lower than those recorded in 2010-12. Whether this reflects a change in the ethnicity of women booking for maternity care at the hospital is currently being investigated. Actions to address this problem include ensuring that all obstetricians and midwives at the Trust have been trained in how to raise the issue of healthy weight with pregnant women and in ensuring that all women with a possible problem are referred appropriately. Preconception advice on healthy weight is also available for women themselves on the public health pages on Lewisham Council website (www.lewisham.gov.uk/health), links to which exist on the Trust website.

Adults: The prevalence of obesity in adults and children in England has more than doubled in the last twenty-five years. A modelled estimate of adult obesity prevalence in Lewisham is 23.7% which is not significantly different to the England average, and indicates that around 53,000 residents are obese. Recently published data for Lewisham on the prevalence of excess weight (overweight and obese) in adults is 61.2%, similar to the national average but higher than the London average (57.3%). A similar level of excess weight (57.9%) is seen in adults aged 40-74 years - monitored as part of the NHS health check.

Actions to address this problem include building the local capabilities of the workforce through training on a variety of topics to promote healthy weight, and provision of a range of weight management services.

Environment: Prevention and early intervention are the key to tackling obesity. To achieve this involves working in partnership to minimise the impact of the obesogenic environment and supporting a healthier built environment that encourages healthier eating and being active.

Actions to address this include a new restrictive planning policy on new hot food take away, food growing, improved cycling routes and healthy walks.

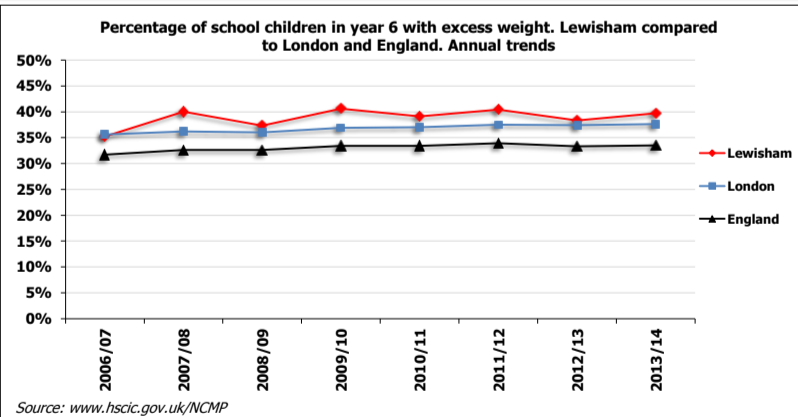
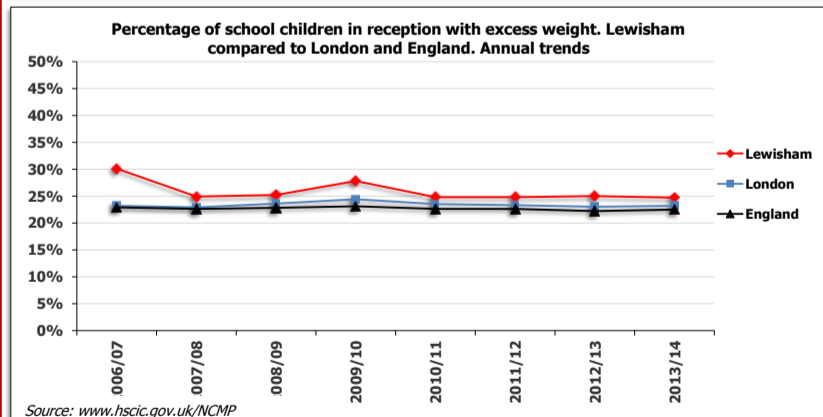
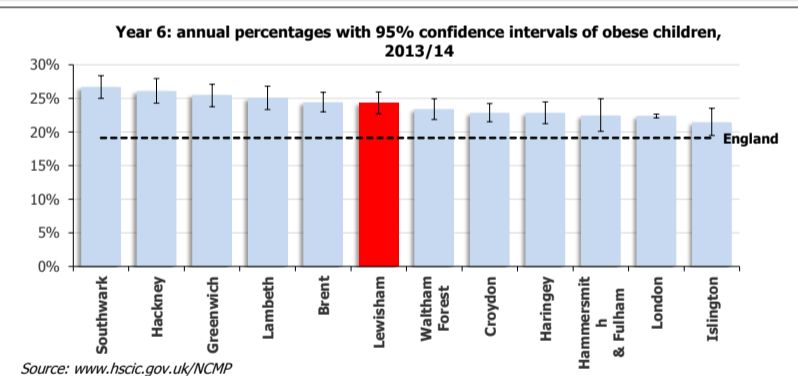
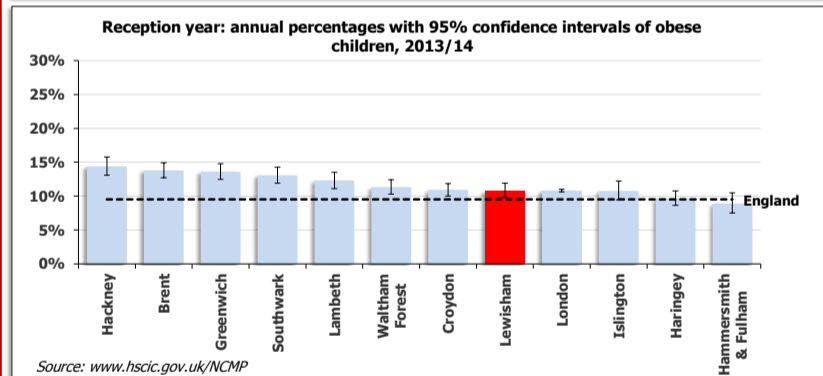
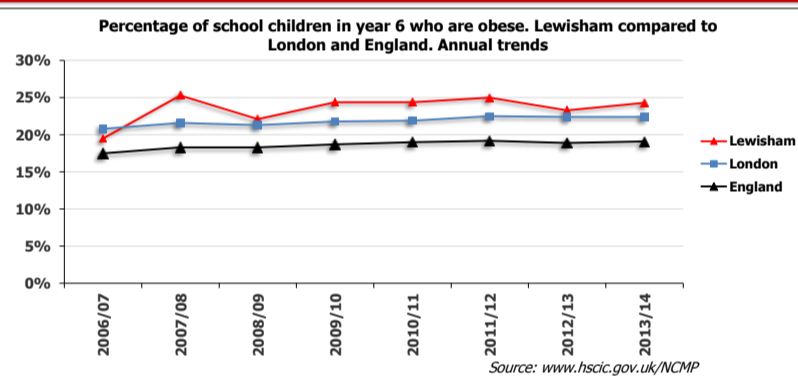
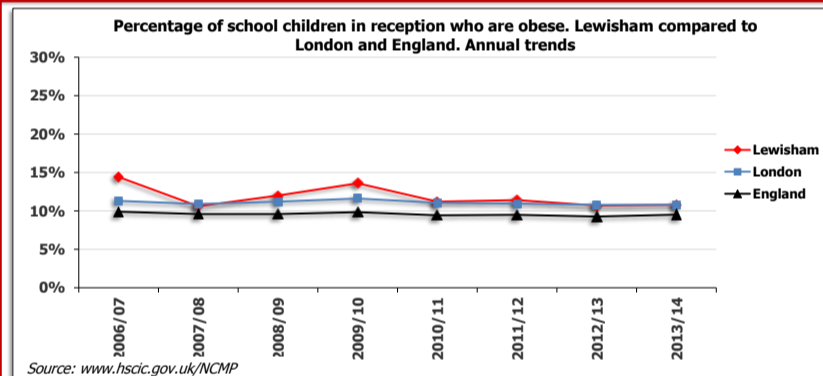
Health and Wellbeing Board Performance Metrics

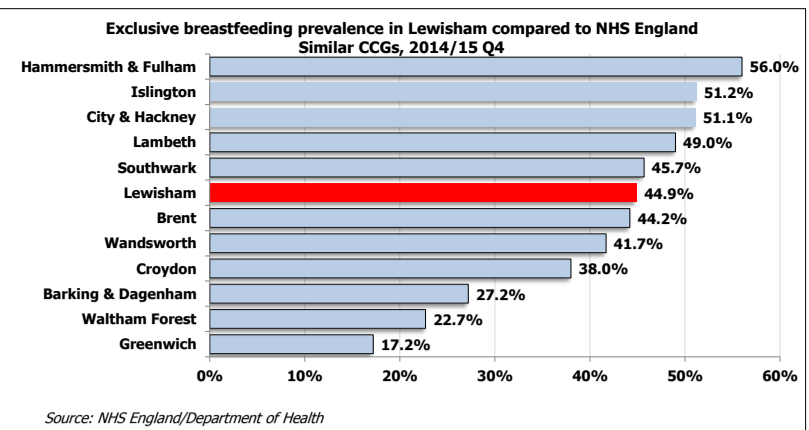
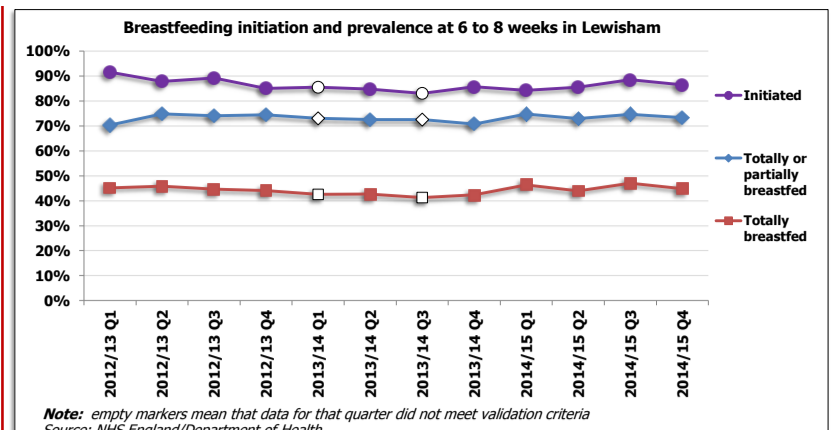
Indicator	Latest period of availability	Lewisham	London	England	England Benchmark	Direction from Previous Period
Excess weight in Adults (%)	2012-13	61.2	57.3	63.8	similar	↕
Excess weight in Children - Reception Year (%)	2013-14	24.6	23.1	22.5	sig worse	↘
Excess Weight in Children- Year 6 (%)	2013-14	39.3	37.6	33.5	sig worse	↘
Breastfeeding Prevalence 6-8 weeks(%)	2014/15 (Q4)	73.4	51.6	42.9	sig better	↗

Performance Targets - Children

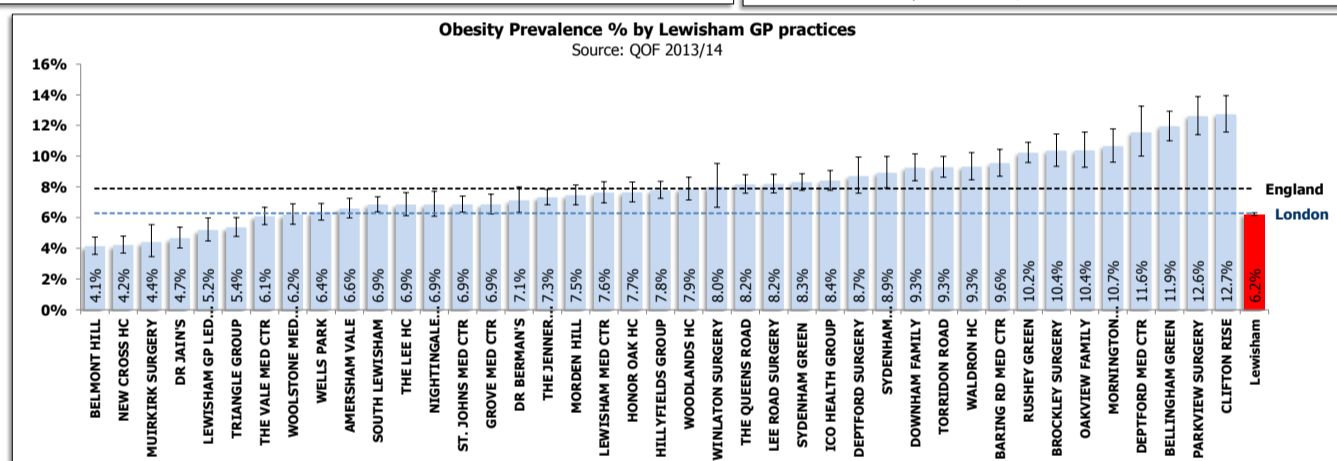
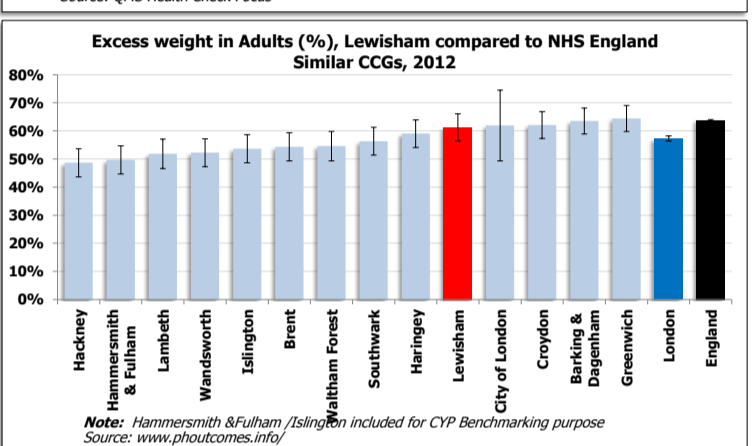
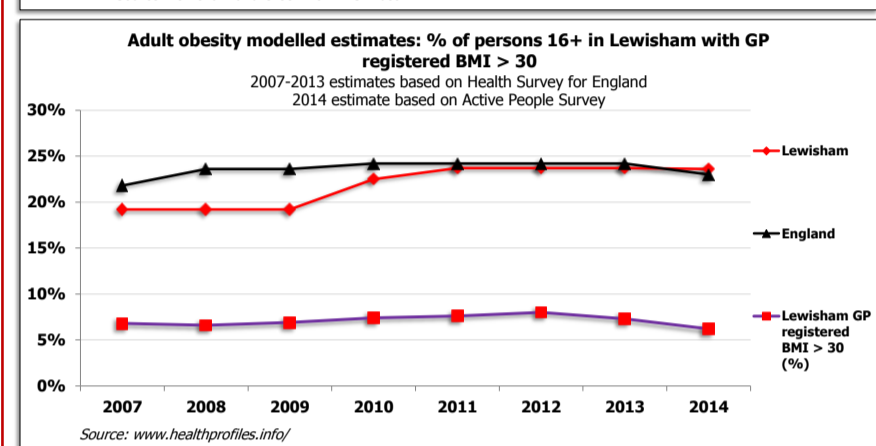
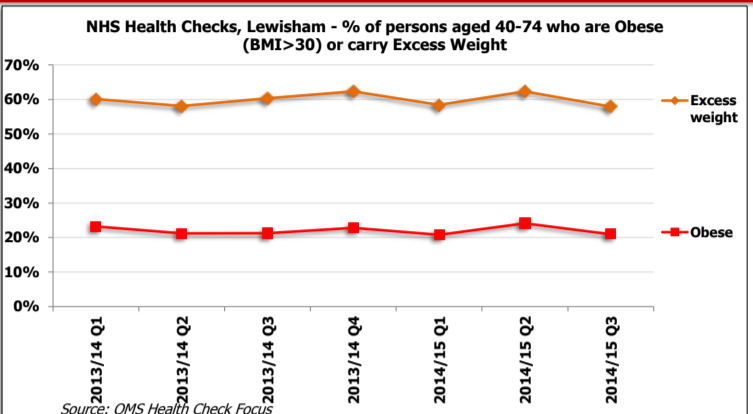
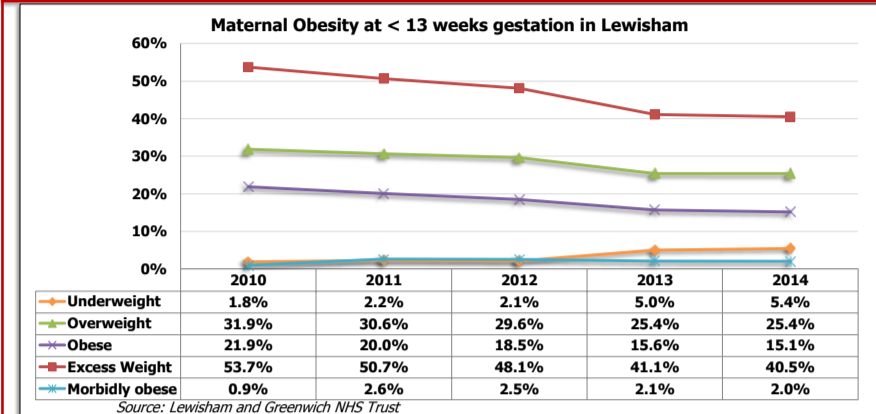
	Reception Year					Year 6				
	2007/08	2010/11	2011/12	2012/13	2013/14	2007/08	2010/11	2011/12	2012/13	2013/14
Percentage of children with height and weight recorded who are obese (target)	10.6%	10.9%	12.0%	12.3%	12.0%	25.3%	24.6%	24.3%	24.0%	24.0%
Percentage of children with height and weight recorded who are obese (actual)	10.6%	11.2%	11.4%	10.7%	10.8%	25.3%	24.4%	25.0%	23.3%	24.3%
Number of children with height and weight recorded	2,625	2,750	3,223	3,565	3,487	2,522	2,483	2,420	2,442	2,672
Percentage of children with height and weight recorded (target)	87.0%	87.4%	87.0%	87.0%	87.0%	89.0%	89.0%	89.0%	89.0%	89.0%
Percentage of children with height and weight recorded (actual)	87.0%	91.0%	92.5%	93.3%	95.5%	89.0%	91.6%	93.4%	91.9%	93.1%

Trends/Benchmarks - Children





Trends/Benchmarks - Adults



Key Performance Indicators

Area	Indicator (and frequency of reporting)	Previous data		Current data	
		Period	Value	Period	Value
Environment	Change 4 Life registrations (C4L)	2013/14	4	2014/15 Q2	0
	Change 4 Life supporter (C4L)	2013/14	1230	2014/15 Q2	110
	Use of outdoor space for exercise health reasons	2012/13	5.90%	2013/14	8.70%
	Planning applications for fast food outlets refused	2013/14	-	2014/15	5
	Number of participants attending community cookery courses	2013/14	99	2014/15	100
Training	Number of staff provided with information/advice on healthy eating as part of workplace health	2014/15 Q2	-	2014/15 Q3	-
	Midwives attending maternal obesity training	2014/15 Q2	37	2014/15 Q3	47
	Health professional attending breastfeeding management training	2014/15 Q2	20	2014/15 Q3	28
Vitamin D	Participants attending nutrition/weight management training	2014/15 Q2	45	2014/15 Q3	86
	Number of children registered	2014/15 Q3	1509	2014/15 Q4	1456
	Number of children's drops issued	2014/15 Q3	3606	2014/15 Q4	4019
	Number of parents registered	2014/15 Q3	1328	2014/15 Q4	1278
	Number of tablets issued - pregnant women	2014/15 Q3	495	2014/15 Q4	474
School meals	Number of tablets issued - post-natal women	2014/15 Q3	1489	2014/15 Q4	1669
	% take-up KS1 Universal Infant FSM (yrs R,1,2) Month	Nov-14	-	Dec-14	-
	% take-up KS2 paid school meals (yrs 3-6)	Nov-14	61.70%	Dec-14	62.70%
	% take-up KS2 free school meals (yrs 3-6)	Nov-14	84.30%	Dec-14	84.90%
	% take-up Secondary paid school meals (yrs 3-6)	Nov-14	22.80%	Dec-14	21.40%
Weight management Children	% take-up Secondary free school meals (yrs 3-6)	Nov-14	72.70%	Dec-14	72.70%
	Tier 2 (0-5 years) - recruited	2014/15 Q2	31	2014/15 Q3	35
	Tier 2 (0-5 years) - completed	2014/15 Q2	16	2014/15 Q3	17
	Tier 3 (0-16 years) - recruited	2014/15 Q2	104	2014/15 Q3	69
	Tier 3 (0-16 years) - completed	2014/15 Q2	35	2014/15 Q3	39
Weight management Adults	Average BMI change	2014/15 Q2	-0.2	2014/15 Q3	-1.1
	Weight watchers number referred	2014/15 Q2	379	2014/15 Q3	339
	% completed programme	2014/15 Q2	54%	2014/15 Q3	55%
	% completed with >5% weight loss	2014/15 Q2	48%	2014/15 Q3	48%
	Dietetic Weight Management Service	2014/15 Q2	172	2014/15 Q3	85
number referred	2014/15 Q2	172	2014/15 Q3	85	
% completed programme	2014/15 Q2	60%	2014/15 Q3	48%	
>5% weight loss	2014/15 Q2	50%	2014/15 Q3	23%	
No increase in BMI at 12 months	2014/15 Q2	80%	2014/15 Q3	68%	

Achievements

- Breastfeeding:** Community and maternity services achieved UNICEF Baby Friendly Initiative stage 2 award in 2014.
- Nutrition initiatives:** Implementation of a universal vitamin D scheme reached 30% of eligible women and 50% of infants under 1 year.
- Physical activity:** Implementation of the Let's Get Moving physical activity care pathway, and training of primary care staff and the wider community to deliver brief advice on physical activity.
- Healthier built environment:** The Development Management Local Plan (2014) now includes a DM policy (18) on hot food take-aways. This includes a restrictive policy based on an exclusion zone (400m) around schools and maximum percentages outside exclusion zones.
- Obesity surveillance:** High participation was achieved in the National Child Measurement Programme. Also weight management support, providing a range of programmes available for children and adults as part of a tiered referral pathway accessed by nearly 2,500 residents a year.

Public Health Outcomes: Increase Uptake of Immunisation

Key Messages

Improving levels of uptake of immunisation continues to be a challenge in Lewisham. As the responsibility for commissioning national immunisation programmes is now held by NHS England, the role of the Director of Public Health has also changed from being, in effect, the commissioner, to one of scrutiny and challenge of NHS England. However, increasing the uptake of immunisation is one of the priorities of the Be Healthy element of the Children and Young People's Plan and has been identified as one of its priorities by the Lewisham Health and Wellbeing Board.

Supporting local GP practices in maximising the uptake of immunisation is also one of the aims of Lewisham Clinical Commissioning Group in the context of preventing severe illness requiring admission to hospital, particularly illness due to Influenza or Pneumococcal disease, and in supporting local practices to provide high quality services. It is also the case that much effort is required at local level if the national immunisation programme is to be successful.

Despite continuing support at local level and some improvement in uptake of vaccines as a result, significant challenges remain. For example, uptake of the pre-school booster and of the second dose of MMR (MMR2) by the age of five. The local MMR pathway and a preschool booster pathway (which also aims to improve uptake of MMR2) have recently been re-launched.

Lewisham's uptake of flu vaccine in 2014/2015 was considerably better than in previous years. At the end January our uptake showed improvements for all the main groups targeted.

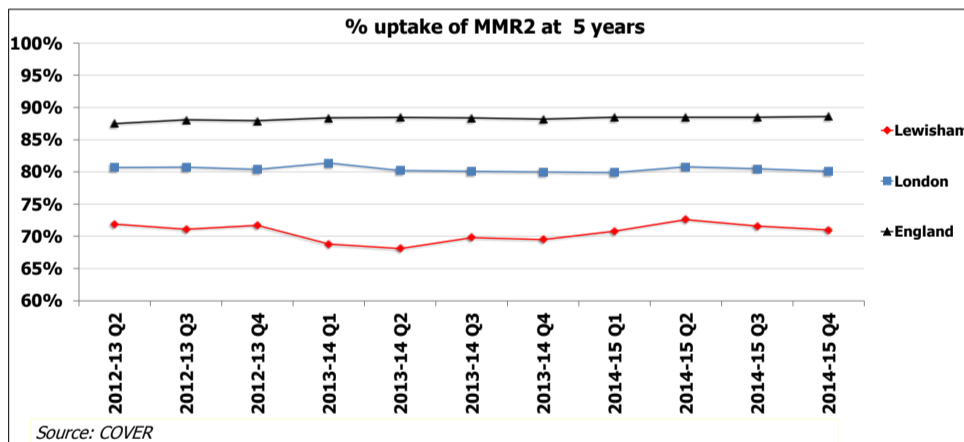
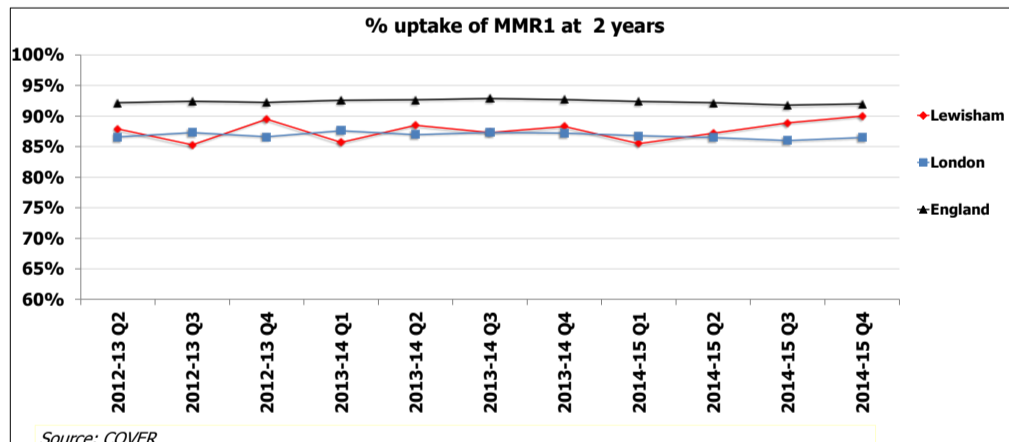
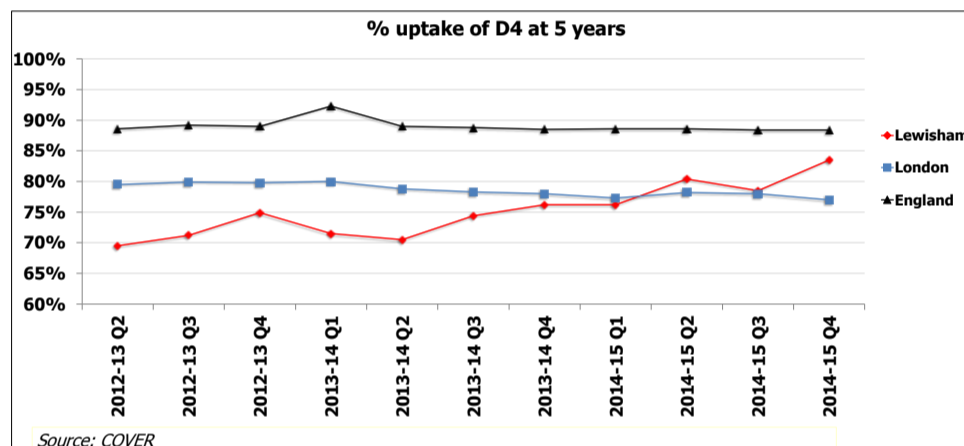
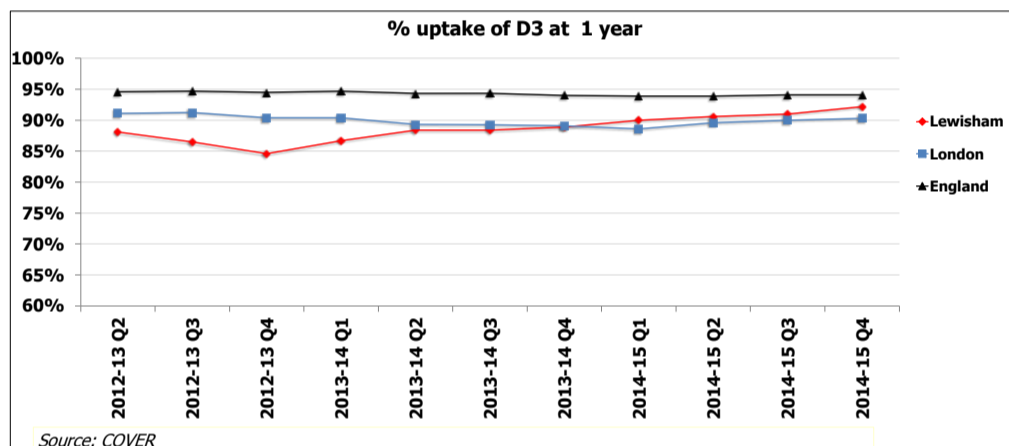
Lewisham's recent performance on preschool booster, though still short of target, has seen significant improvement.

Lewisham is now at or above the London average for all COVER indicators, except for MMR2 at five years. MMR2 at five years remains a problem, but does reach over 90%

Health and Wellbeing Board Performance Metrics

Indicator	Frequency	Latest period of availability	Lewisham	London	England	England Benchmark	Direction of Travel
Uptake of the first dose of Measles Mumps and Rubella vaccine (MMR1) at two years of age	Quarterly	2014-15 Q4	90.0	86.5	92.0	low	↑
Uptake of the second dose of Measles Mumps and Rubella Vaccine (MMR2) at five years of age	Quarterly	2014-15 Q4	71.0	80.1	88.6	low	↓
Uptake of the third dose of Diphtheria vaccine (D3) at one year of age	Quarterly	2014-15 Q4	92.2	90.3	94.1	low	↑
Uptake of the fourth dose of Diphtheria vaccine (D4) at five years of age	Quarterly	2014-15 Q4	83.5	77.0	88.4	low	↑
Uptake of Human Papilloma Virus (HPV) vaccine in girls in Year 8 in Lewisham Schools	Annual	2013-14	82.9	80.0	86.7	sig low	↓
Uptake of Influenza vaccine in those over 65 years of age	Annual	2014-15	71.4	69.2	72.8	similar	↑

Trends/Benchmarks



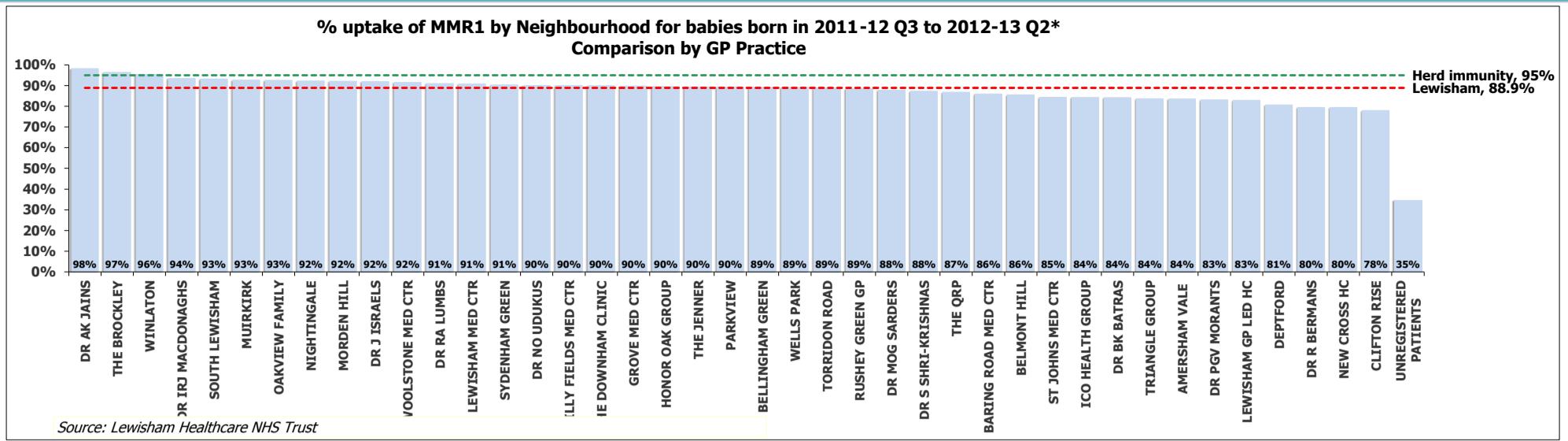
Source: COVER Data

Percentage Uptake of Key Vaccines in Childhood

Vaccine	Target	2014-15 Q1	2014-15 Q2	2014-15 Q3	2014-15 Q4	London (2014/15 Q4)	England (2014/15 Q4)
D3 at 1 year	91.9%	90.0%	90.6%	91.0%	92.2%	90.3%	94.1%
D3 at 2 years	N/A	92.3%	94.1%	94.2%	94.4%	92.6%	95.6%
MMR1 at 2 years	90.8%	85.5%	87.2%	88.9%	90.0%	86.5%	92.0%
Hib/MenC booster at 2 years	90.3%	83.1%	85.9%	86.9%	86.3%	86.3%	92.1%
PCV booster at 2 years	90.8%	83.8%	85.4%	87.3%	86.0%	85.7%	92.1%
D3 at 5 years	N/A	92.8%	94.7%	92.6%	93.9%	92.3%	95.7%
MMR1 at 5 years	N/A	89.3%	92.1%	89.8%	94.4%	90.5%	94.5%
D4 at 5 years	91.1%	76.2%	80.4%	78.5%	83.5%	77.0%	88.4%
MMR2 at 5 years	91.1%	70.8%	72.6%	71.6%	71.0%	80.1%	88.6%

Notes

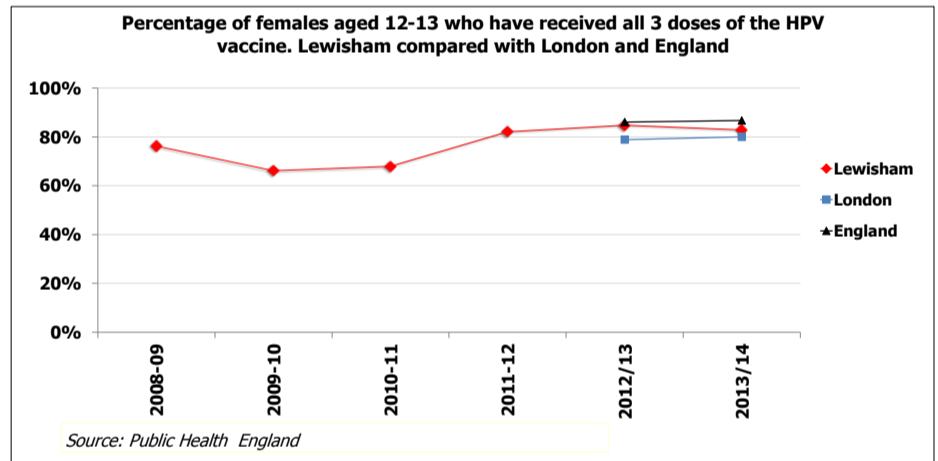
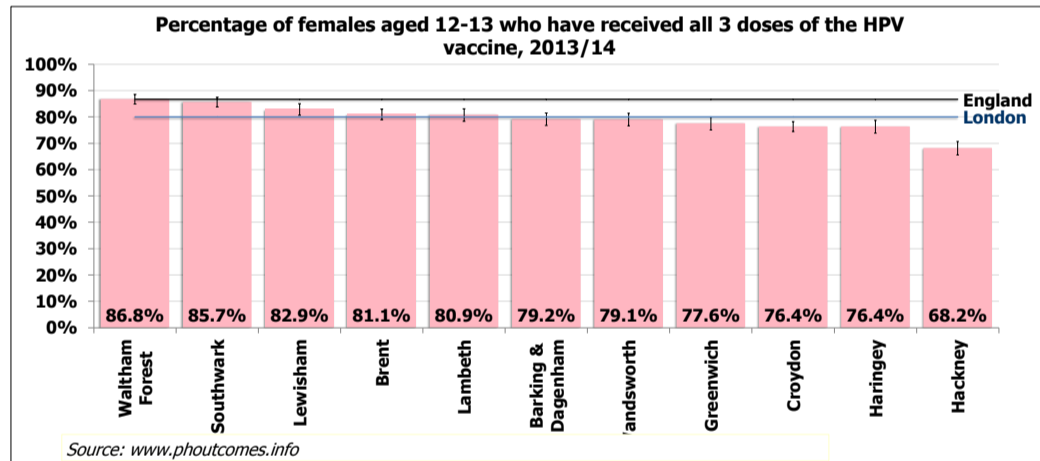
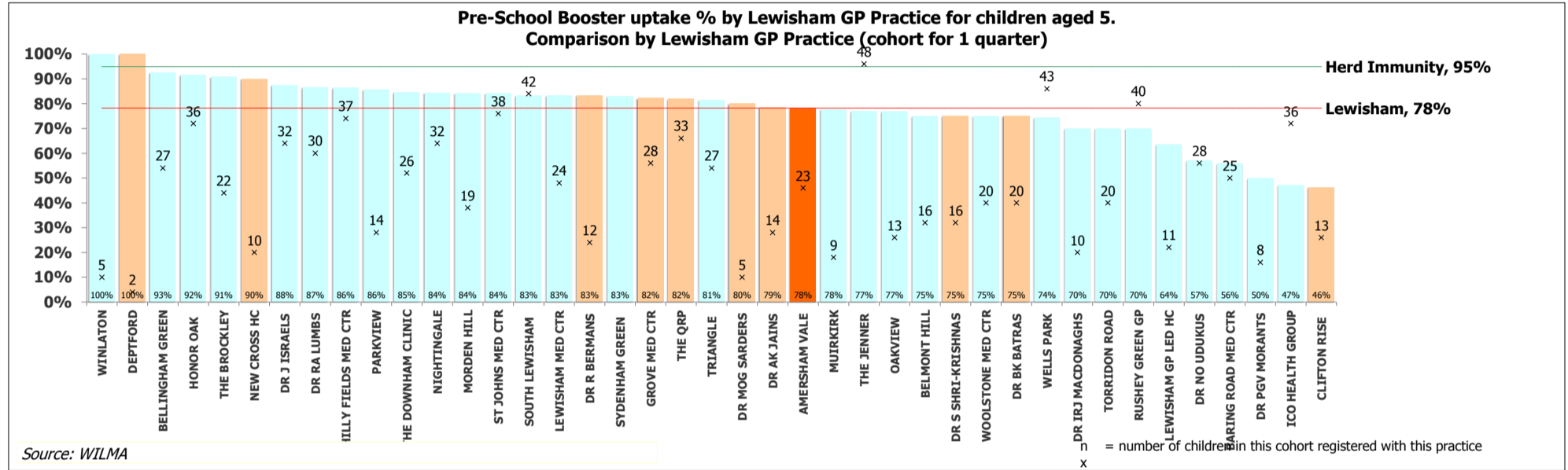
- London and England data are for the quarter for which this information is available.
- Uptake of the third dose of Diphtheria vaccine (D3) is an indicator of completion of the primary course of immunisation of children under 12 months that aims to protect children against diphtheria, tetanus, whooping cough, polio, Haemophilus influenzae b and Group C Meningococcus.
- MMR aims to protect children against measles, mumps and rubella. Two doses are required: MMR 1 at 12 months and MMR 2 at any time after three months have elapsed since MMR1, but before five years of age.
- Hib/ MenC and PCV boosters (bstr) are given at 12 months and aim to protect children against Haemophilus influenzae B, Group C Meningococcus and Pneumococcus. These are relatively new to the programme – hence the apparent rapid increase in uptake of these vaccines.
- D4 is the fourth dose of diphtheria vaccine. This is a key component of the preschool booster, which should be given at any time from the age of three years and four months but before the child starts school. The preschool booster completes the protection of children against diphtheria, tetanus, whooping cough and polio.

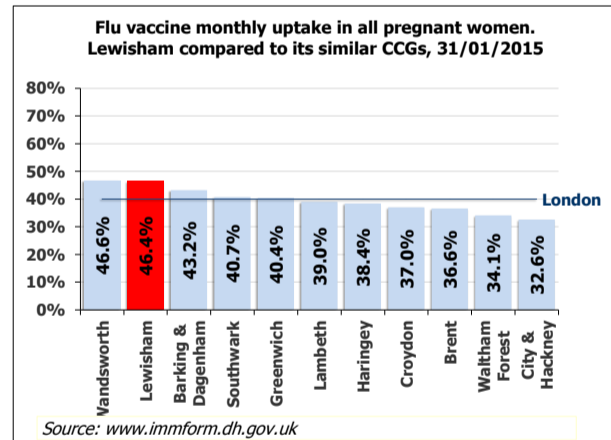
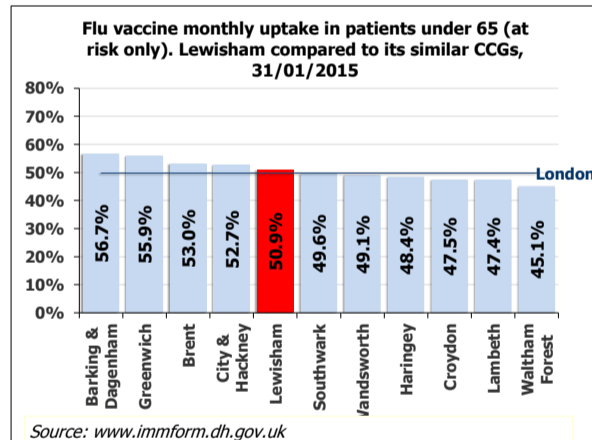
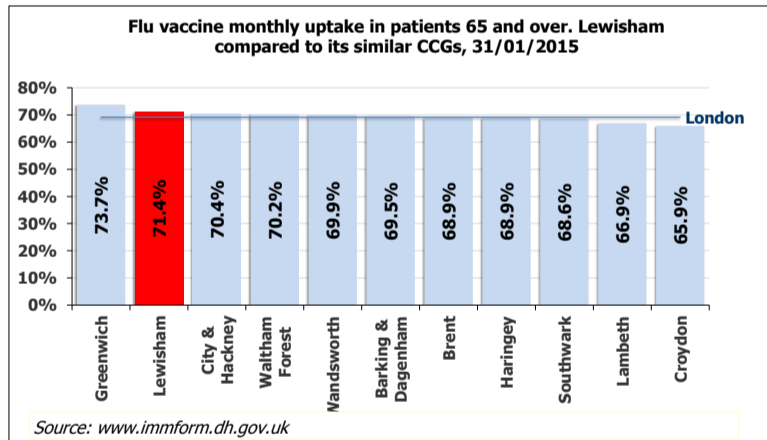
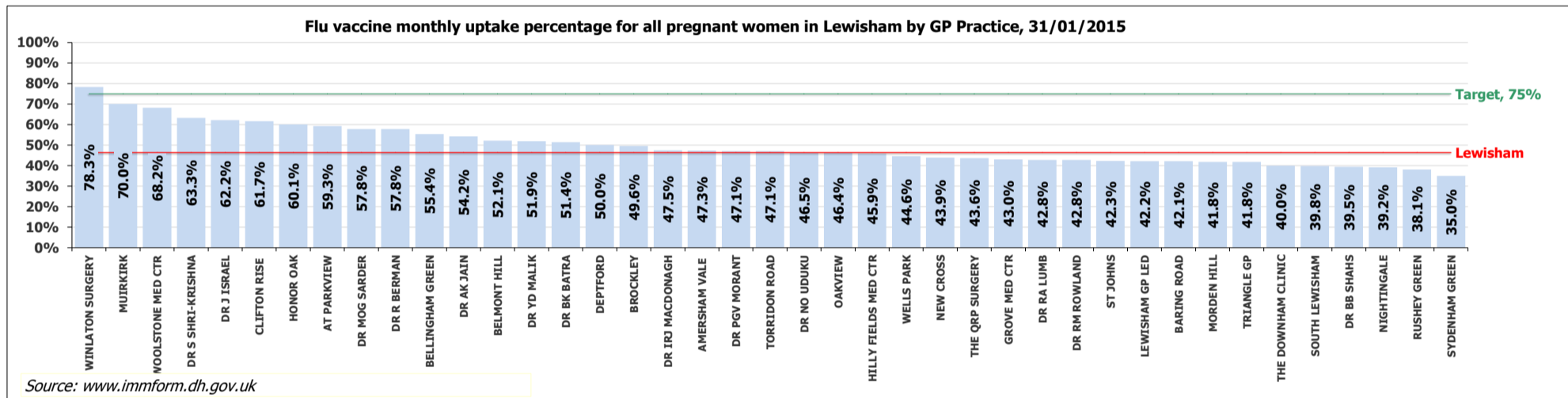
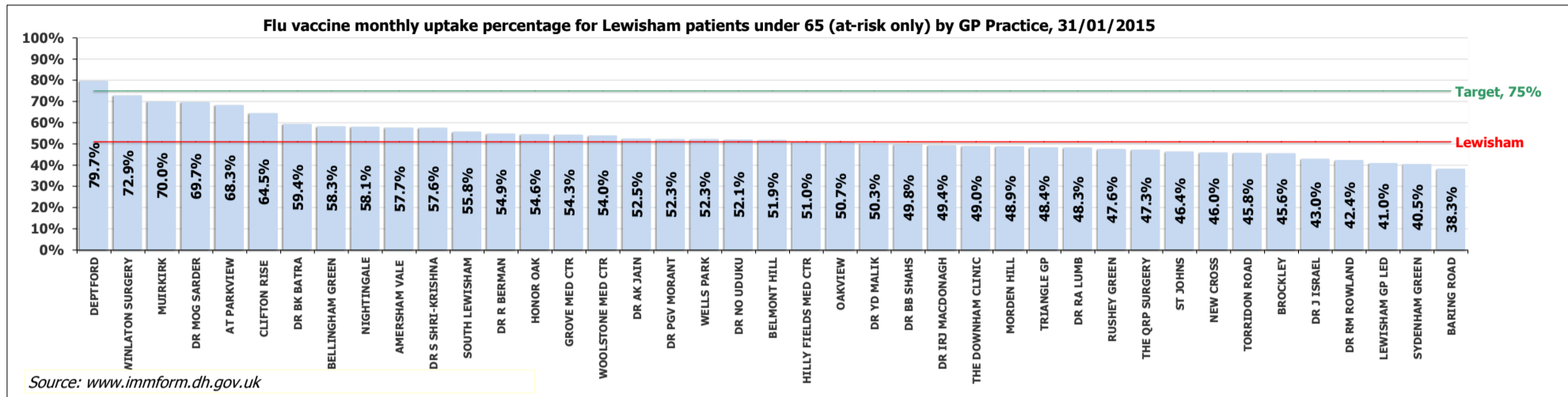
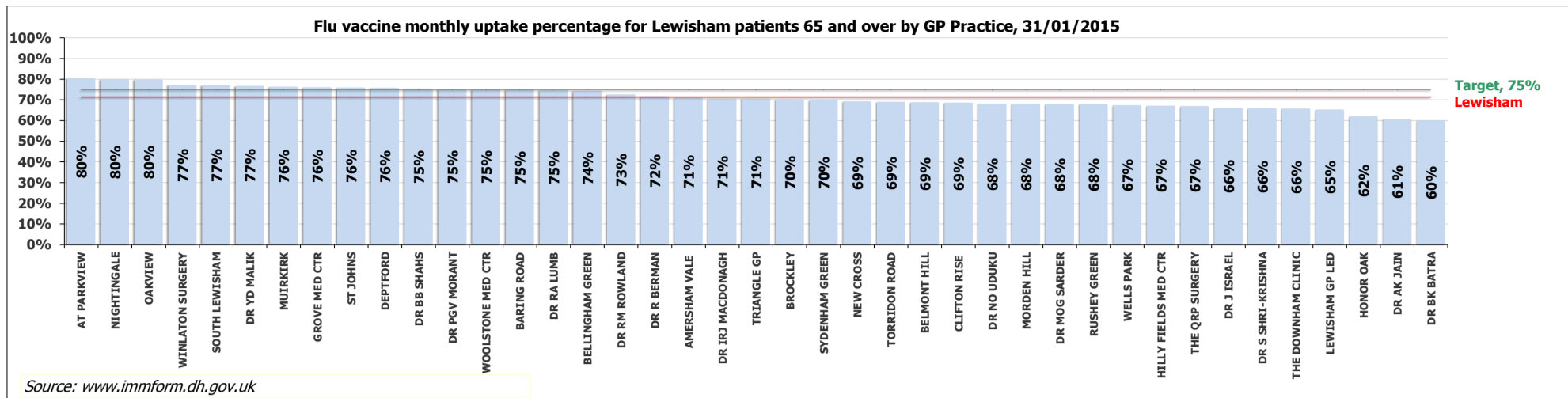


% uptake of MMR1 by Neighbourhood for babies born in 2011-12 Q3 to 2012-13 Q2 Comparison by GP Practice

Neighbourhood 1	Neighbourhood 2	Neighbourhood 3	Neighbourhood 4	Lewisham
85.6%	89.3%	89.8%	89.9%	88.9%

* This illustrates the relative performance of practices in ensuring children receive their first dose of MMR. It is based on the most recent and complete data for a 12 month (4 quarters) period.





Achievements

- Uptake of the third dose of HPV Vaccine is performing well relative to London
- Lewisham's uptake of flu vaccine is improving, counter to the general trend. Lewisham compares favourably against other South East London areas. An area of particular success is the improved uptake for pregnant women.
- All Diphtheria vaccinations are outperforming London, particular success has been made with the pre-school booster
- Immunisations remains a high profile issue across the partnership

Key Messages

Pregnancy

Early access to maternity care is a national key performance indicator with a national target of 90% (women booked for maternity care by 13 weeks of pregnancy). Lewisham borough rate is 92% but UHL is 84.7%. A recent audit done by Pauline Cross and a UHL midwifery manager found significant system and process issues as well as particular groups of women for whom specific interventions can be designed.

Maternal obesity increases the risk of poor pregnancy outcomes and is a risk factor for childhood obesity

Birth

The rate of low birthweight in Lewisham has declined significantly over the past eight years and is now comparable to London as a whole. Despite this the Lewisham rate of low birthweight is still significantly greater than the country as a whole. Maternal smoking is the single biggest contributor to low birthweight. Also, a significant proportion of low birthweight babies are pre-term. Extreme prematurity is the single most important cause of mortality in childhood in Lewisham.

Antenatal and Newborn Screening

Assurance systems for the antenatal and newborn screening programme have recently been reviewed following discussions with NHSE and PHE. UHL is meeting most screening KPIs with the exception of newborn bloodspot avoidable repeats, referral of Hepatitis B positive women to specialist services and timely testing of partners when women are found to be of sickle cell disease carrier status. One case of congenital rubella has recently been reported in a Greenwich resident baby who delivered at UHL. Preliminary findings indicate this mother did not have a previous pregnancy in the UK and therefore local screening processes are unlikely to have been implicated.

Mortality

In the past, perinatal mortality and in particular stillbirth rates, have been significantly higher in Lewisham than in England and London as a whole. Most recent data suggests that local infant and child mortality rates are now similar to the England average. Continued scrutiny of these important indicators of maternal and child health are necessary.

Promoting a Healthy Weight

Maternal healthy eating and physical activity is key to promoting healthy weight in children. A 2015/16 Maternity CQUIN has been devised in order to improve the pregnancy care pathway for women identified as being overweight or obese when booking for maternity care.

Breastfeeding rates improved in 2014/15 for both initiation and prevalence at 6-8 weeks. Actions to increase breastfeeding rates include working towards UNICEF Baby Friendly accreditation in the borough. The community and hospital achieved stage two accreditation in 2014 and are jointly working towards achieving stage 3 in October 2015. Children's centres have also registered their intention to work towards Baby Friendly accreditation so that they can work more closely with health visitors and maternity services in supporting mothers to breastfeed.

Childhood obesity: Rates remain significantly higher than the England rate and for 2013/14 Lewisham remains in the top quintile (highest) of Local Authority obesity prevalence rates for Year 6. Reception year performance has improved and Lewisham is now in the second quintile. As in previous years the proportion of obese children in Year 6 was more than double that of Reception year children, similar to the national results. Local analysis of the data reveals that for the eight years data has been collected (2006/7 to 2013/14) there is slight variability but no consistent trend over the period in obesity rates in either cohort of children.

Injury

Locally, the rate of admission of children to hospital due to injury of any kind has increased over recent years. This rise is counter to the nation decline in such admissions. The numbers of deaths and serious injuries of Lewisham children on the roads, on the other hand, has declined in recent years and is now directly comparable to rates in London and in England as a whole. The rise in admissions, therefore requires further investigation.

Sexual Health

Sexual transmitted infections (STIs) are high, with a particularly dramatic increase in gonorrhoea. Although teenage pregnancy rates have been steadily decreasing Lewisham's teenage pregnancy rate remains amongst the highest in London. Abortion rates are high and appear to be increasing and there is a high rate of repeat abortion.

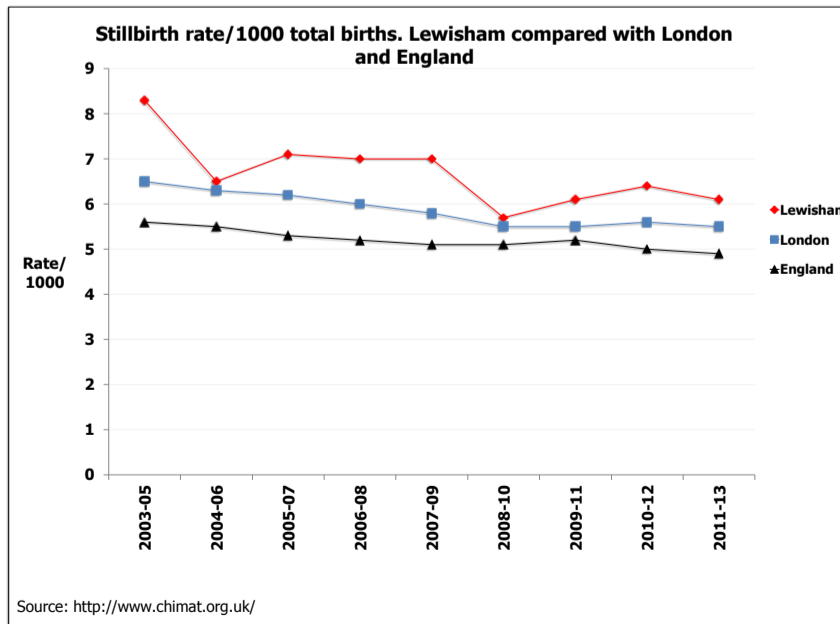
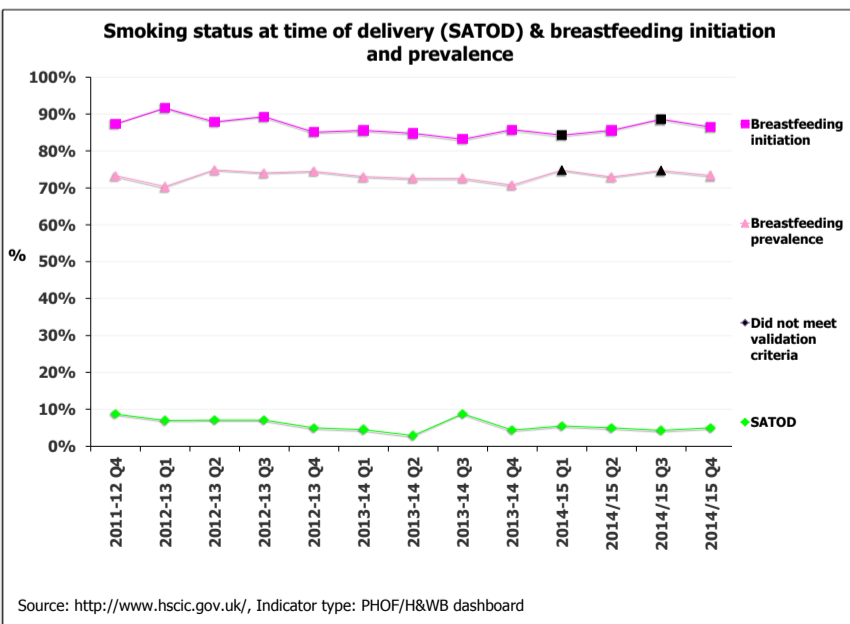
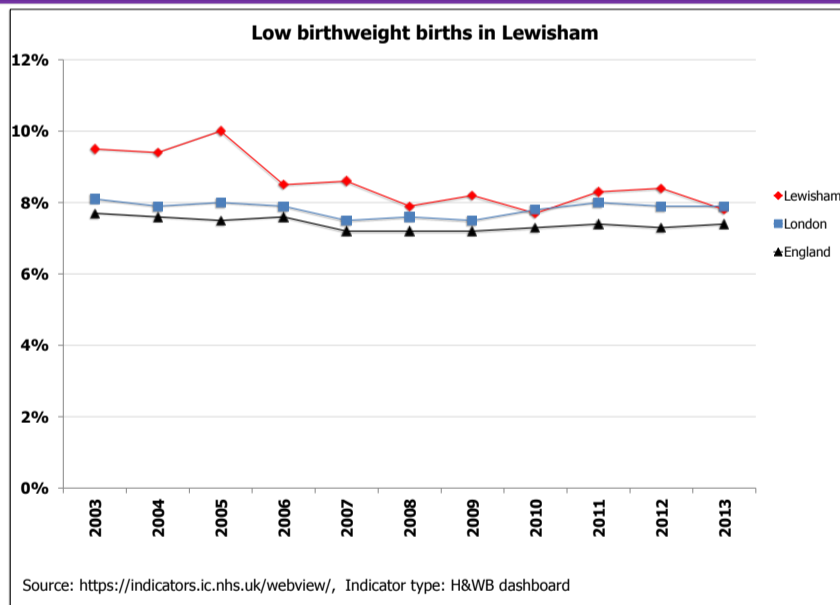
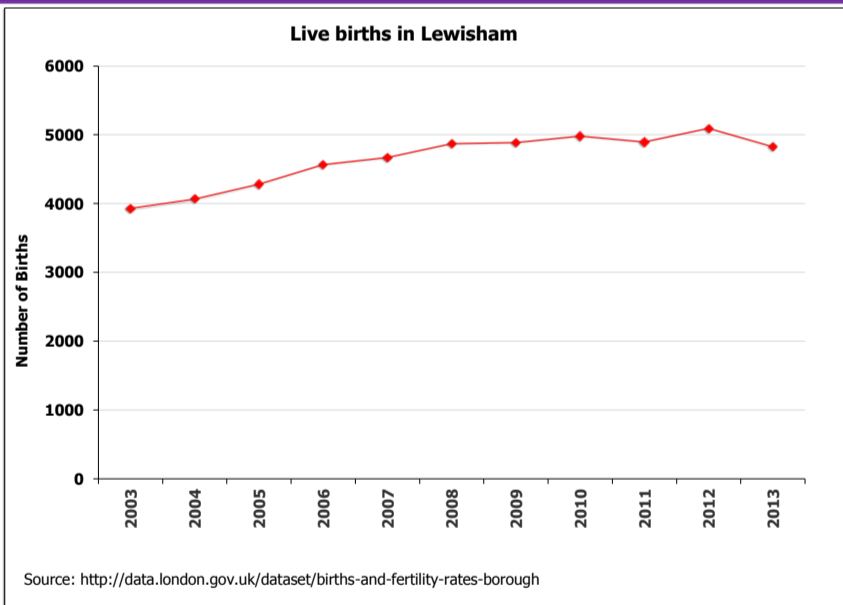
Mental Health

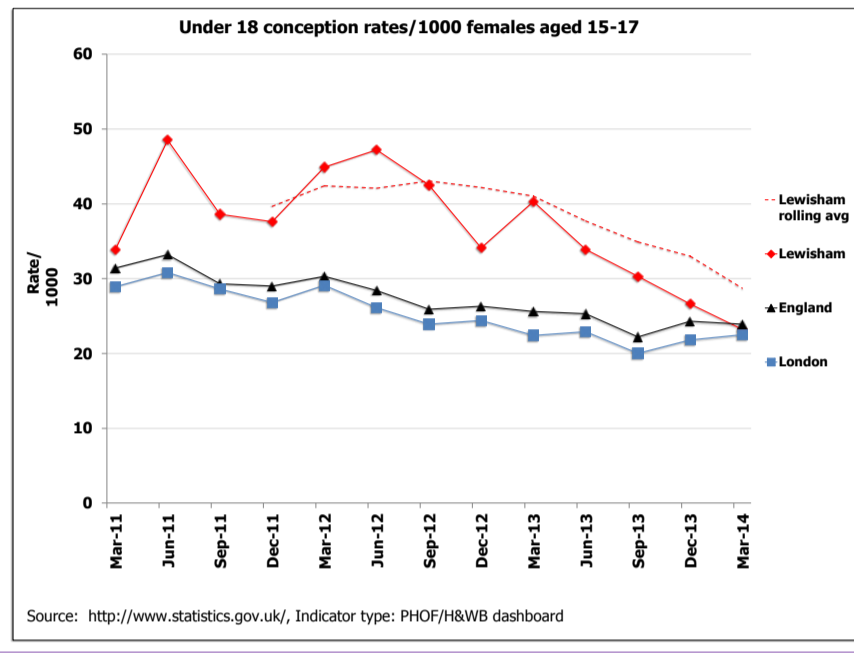
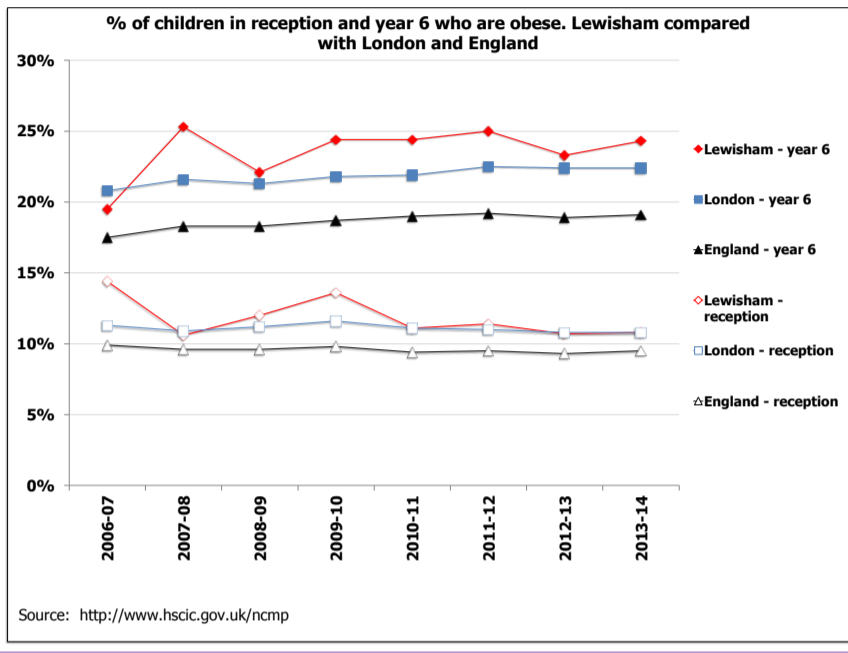
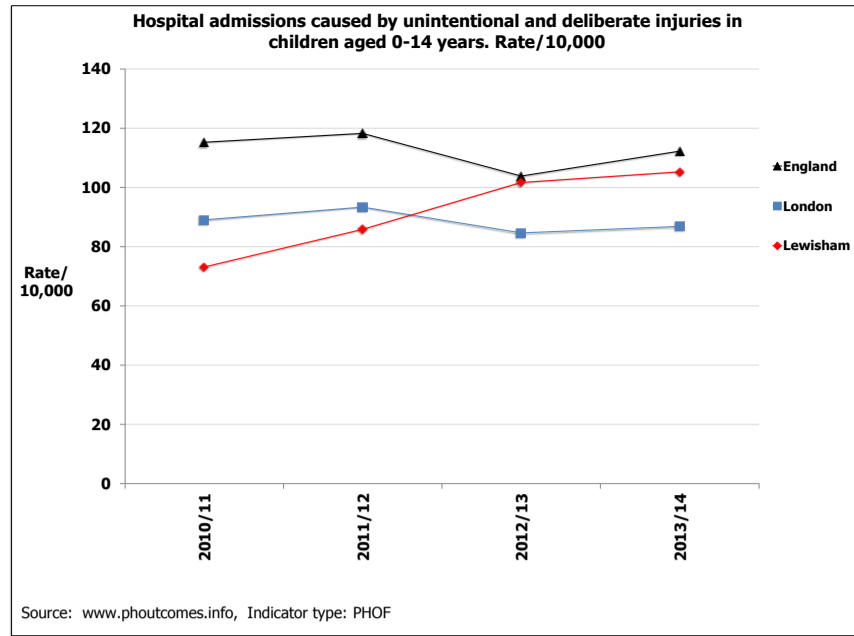
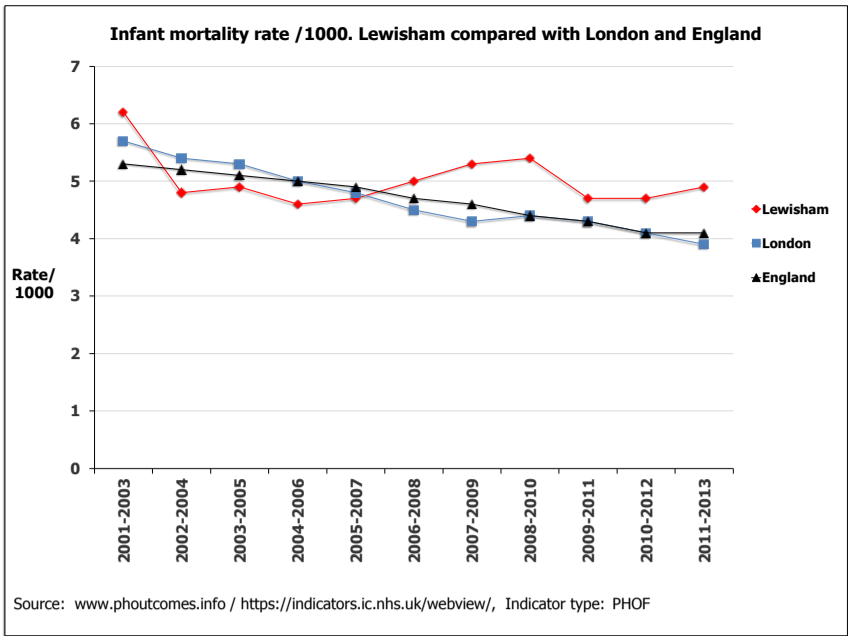
Lewisham children are at high risk of mental health problems, because of high levels of maternal mental health problems, and high levels of poverty in childhood and of domestic violence witnessed by children. There is also insufficient provision of Tier I and II Child and Adolescent Mental Health Services (CAMHS). It is hoped that increased national investment in related services and a successful local bid for Headstart funding from the Big Lottery Fund will help fill the gaps in services and improve the mental health and well-being of children in the critical period between 10 and 14 years of age. Maternal mental health services are being reviewed by the NHS in SE London, and locally there is a work improvement programme aimed at improving information about available support for women with mental health problems in pregnancy or after birth, supported by Lewisham Maternity Services Liaison Committee(MSLC).

Health and Wellbeing Board Performance Metrics

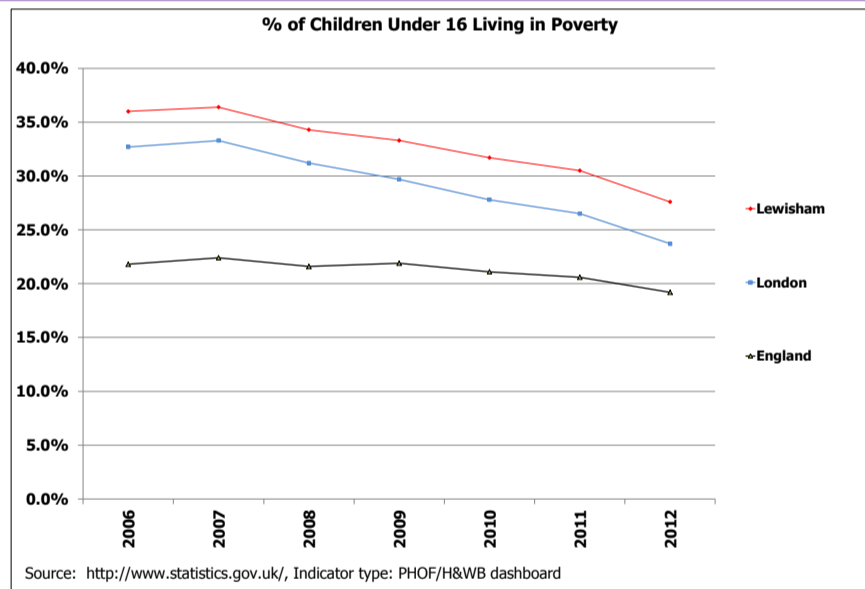
Indicator	Latest period of availability	Lewisham	London	England	England benchmark	Direction from previous period
Children in Poverty (%)	2012	27.7	23.7	19.2	sig worse	↑
Infant Mortality (%)	2011-13	4.6	3.8	4	similar	↔
Low Birth Weight of Babies (%)	2013	7.8	7.9	7.4	similar	↓
Excess weight in Children - Reception Year (%)	2013-14	24.6	23.1	22.5	sig worse	↓
Excess Weight in Children- Year 6 (%)	2013-14	39.3	37.6	33.5	sig worse	↓
Breastfeeding Prevalence 6-8 weeks(%)	2014/15 (Q4)	73.4	51.6	42.9	sig better	↑
Smoking at time of delivery (%)	2014/15 (Q4)	5.0	5.2	11.1	sig better	↑
Teenage conceptions (rate per 1000 15-17 year olds)	Mar-14	23.2	22.5	23.9	similar	↔

Trends/Benchmarks





Contextual Information



Population Data

Measure	Goal	Lewisham	London	England	Period	Comment
Number of Births (all births)		4850	129,017	701,796	2013	
Bookings>12+6	90%	92.8%	87.7%	96.1%	2014/15 Q3	
Stillbirth Rate/1000	5.5	6.1	6	4.9	2011-13	
Neonatal Mortality Rate/1000	3	3.1	3	2.9	2011-13	
Infant Mortality Rate/1000	4.5	4.9	4	4.1	2011-13	
Low birth-weight births	7.2%	7.8%	7.9%	7.4%	2013	
Maternal Smoking Status At Time Of Delivery	5.4%	5.0%	5.2%	11.1%	2014/15 Q4	
Breastfeeding Initiation	89.3%	86.5%	85.6%	74.3%	2014/15 Q4	
Breastfeeding Prevalence at 6-8 weeks	77%	73.4%	51.6% *	42.9%	2014/15 Q4	* indicates data did not meet validation criteria
NB Hearing Screen within 5/52 (NH1)	95%	98.5%	96.8%	98.0%	2014/15 Q2	
NB Hearing Screen within 3/12						
NBBS Coverage by 17/7 (NB1)	95%	94.4%	97.6%	96.4%	2014/15 Q2	
NBBS-%parents informed by 6/52 (NB3)	95%	99.3%	98.7%	99.4%	2014/15 Q2	
Hospital admissions caused by unintentional and deliberate injuries in children aged 0-14 years. Rate/10,000		101.6	84.6	103.8	2012/13	
Uptake of healthy start vitamin D - Children registered	25%	1456			2014/15 Q4	
Uptake of healthy start vitamin D - Mothers registered	25%	1278			2014/15 Q4	
Childhood obesity - Reception	12.2%	10.8%	10.8%	9.5%	2013/14	N=376
Childhood obesity - Year 6	24.0%	24.3%	22.4%	19.1%	2013/14	N=649
Children aged 5 with 1 or more DMFT		21.9%		27.9%	2011/12	
Hospital admissions for asthma (under 19 years). Rate/100,000		388.6		221.4	2012/13	
Child mortality 1-17 years DSR/100,000		11.8		12.5	2010/12	

* Data did not meet validation criteria

Lewisham Healthcare (Trust) Data

Measure	Goal	Most recent data	Period	Red flag? (Y/N)	Previous Data	Period	Comment
Activity							
Number of births per month (maternities)	350	308	Feb/2015	Y	261	Feb-2014	
% Bookings > 12+6	90%	82.1%	Feb/2015	Y		Feb-2014	No data on scorecard for corresponding month of previous year
Preterm births	< 37 weeks	12%	2013/14				
	< 32 weeks	3%	2013/14				
Total C/S rate (planned and unscheduled)	<24%	26.0%	Feb/2015	Y		Feb-2014	No data on scorecard for corresponding month of previous year
Stillbirths >= 24 weeks (number)	0	2	Feb/2015	N			
Public Health Indicators							
Smoking status at time of delivery	5%	4.2%	Feb/2015	N	9.6%	Feb/2014	
Breastfeeding initiation	95%	86.7%	Feb/2015	N	86.0%	Feb-2014	
Obese mothers		15.1%	Jan-Jun 2014		16.6%	Jan-Jun 2013	
Morbidly obese mothers		2.1%	Jan-Jun 2014		2.0%	Jan-Jun 2013	
Screening							
Antenatal HIV testing coverage (ID1)	90%	100.0%	2014/15 Q2	N			
Antenatal Hep B Referral in 6/52	70%	87.5%	2013/14 Q4	N			Only national and regional level data available for 2014/15 Q1 & Q2
Down's Syndrome Form Complete (FA1)	97%	96.9%	2014/15 Q2	N			
Antenatal (AN) Sickle cell and Thalassaemia (SCT) coverage (ST1)	95%	100.0%	2014/15 Q2	N			
Avoidable Repeat NB Blood Spot (NB2)	2%	3.2%	2014/15 Q2	Y			

Achievements

There was a slight reduction in the proportion of Reception aged children with excess weight in 2013/14.

Breastfeeding rates remain significantly higher than England

Funding was secured for Lewisham Health Visitors to be trained in the Maternal Early Childhood Sustained Home-visiting (MESCH) programme, a structured programme of sustained nurse home visiting for families at risk of poorer maternal and child health and development outcomes. It was developed as an effective intervention for vulnerable and at-risk mothers living in areas of socio-economic disadvantage. The programme launched in June 2015 and Lewisham is the only area of London to be running the programme.

Lewisham was also successful in securing Headstart funding, the programme has a focus on building resilience and young people, and has an emphasis on workforce and practitioner skills development.

Public Health Outcomes: Mental Health

Adult Mental Health

Key Messages

- There are higher rates of mental illness in Lewisham compared to London and England as a whole, although they are similar to those of our neighbouring boroughs. As a result there are high levels of service usage and spending on mental health in the borough.
- Prevalence of Serious Mental Illness is also higher than London and England.
- The new community mental health service structure aims to support recovery, prevent relapse and crisis and enable service users where appropriate to step down from specialist mental health care to primary care.
- The impact of the new structure on quality of care and outcomes will be carefully monitored.
- Suicide has increased marginally, however the rate remains lower than England and number are small.

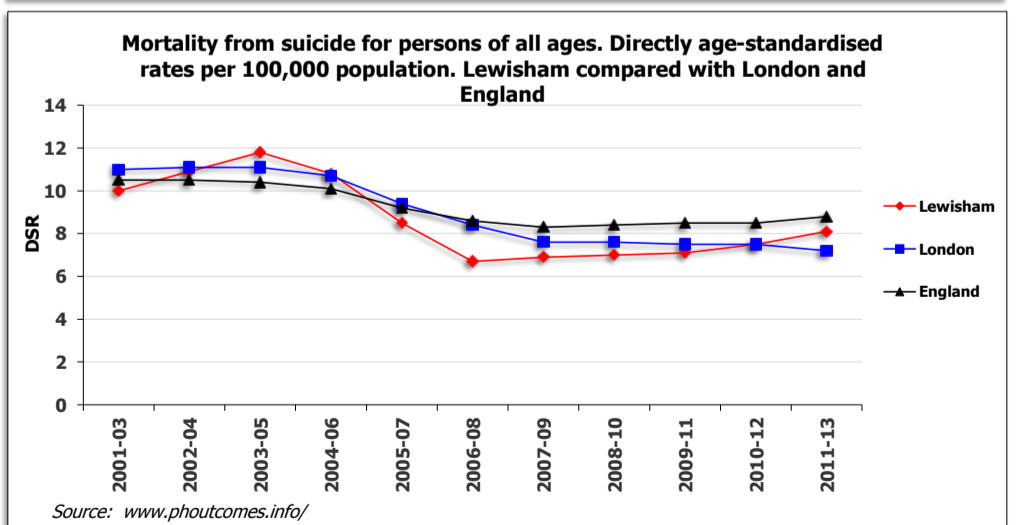
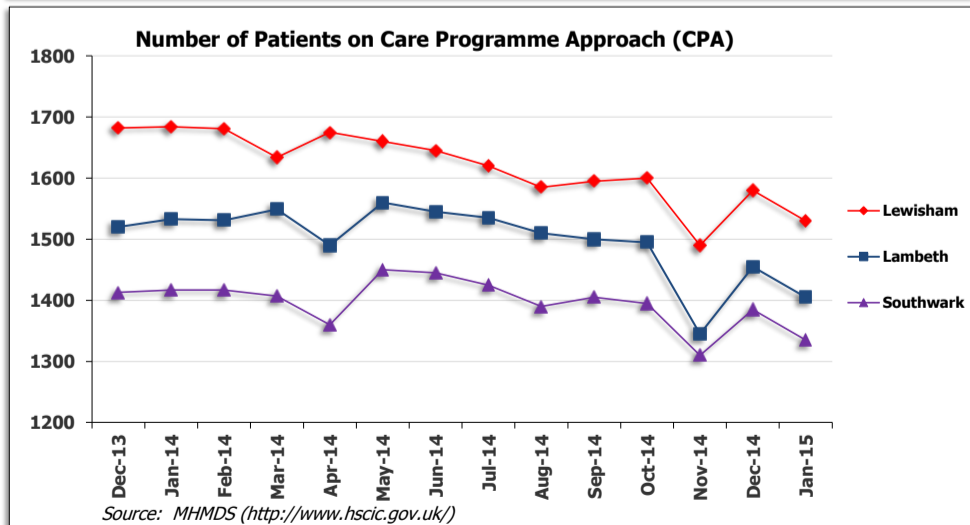
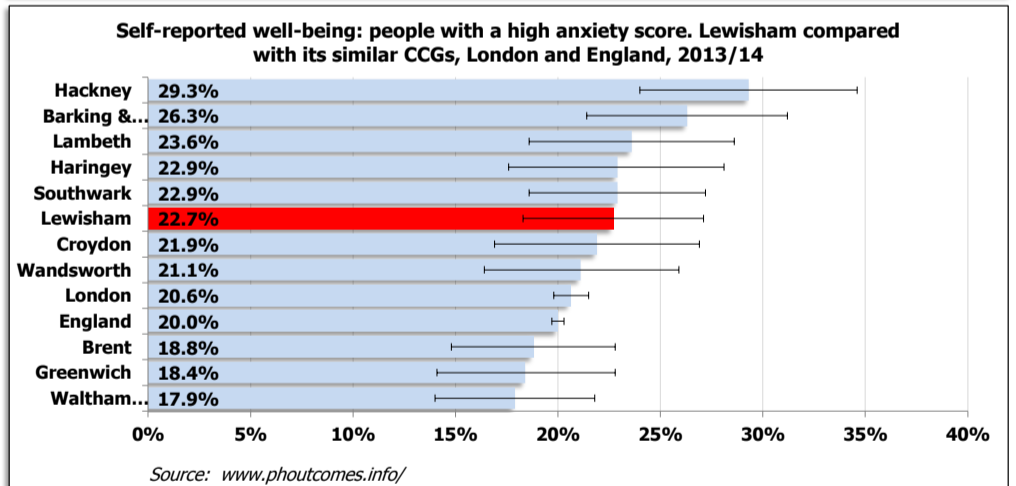
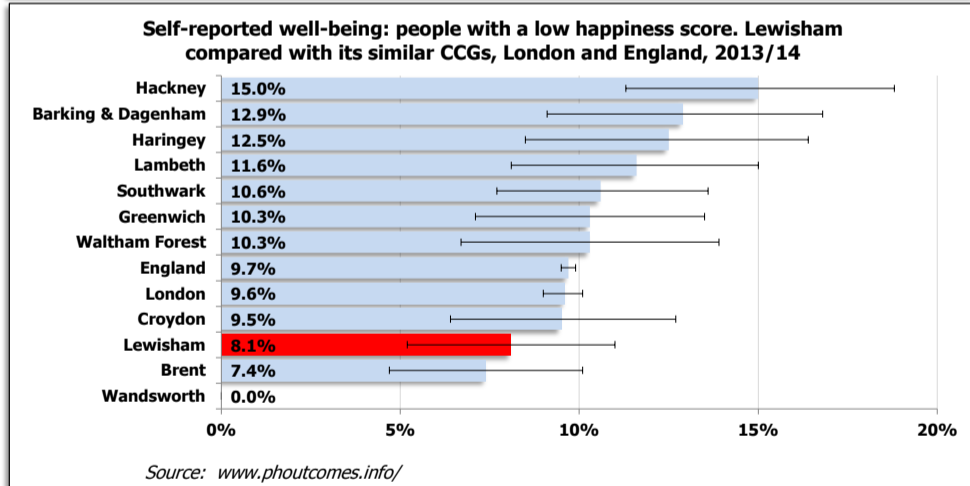
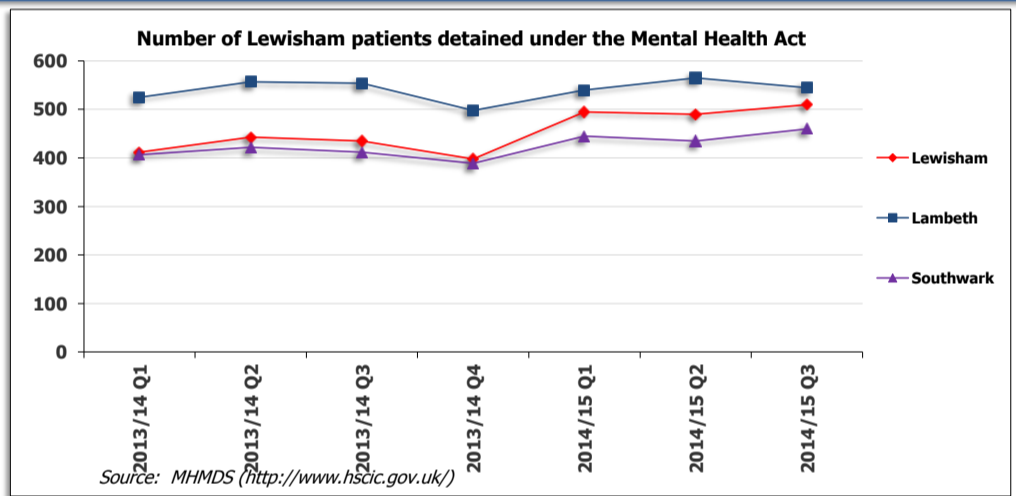
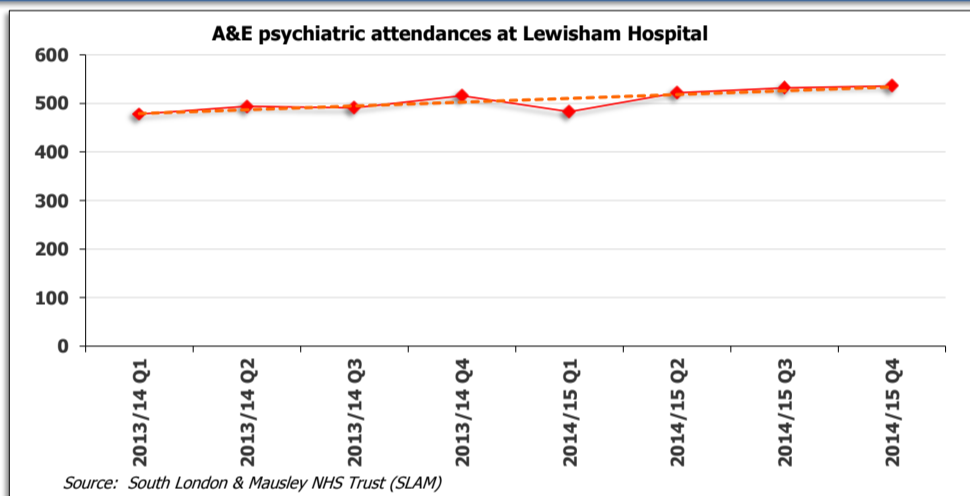
Health and Wellbeing Board Metrics

Indicator	Latest period of availability	Lewisham	London	England	England Benchmark	Direction from Previous Period
Under 75 mortality rates for those with serious mental illness (DSR per 100,000 pop)	2012-13	692	-	1,319	sig lower	↓
Prevalence of Serious Mental Illness (%)	2013-14	1.2	1.0	0.8	-	→
Prevalence of Dementia (%)	2013-14	0.4	0.4	0.6	-	↑
Prevalence of Depression (%)	2013-14	4.8	4.4	6.5	-	↓
Suicide rates (DSR per 100,000 pop)	2011-13	8.1	7.2	8.8	similar	↑
Self-reported well-being - people with a low happiness score	2013-14	8.1	9.6	9.7	similar	↓

Activity Performance

Taking a 3 year average for 2011-13 the directly age-standardised rate for suicide per 100,000 population was 8.1, compared to 7.2 in London and 8.8 in England. In quarter one of 2013/14 the rate of people on a Care Programme Approach (CPA), which is higher in Lewisham at 7.96 per 1,000 population compared to 5.31 per 1,000 in England and 5.57 in London. Only 3.3% of the people on a CPA in Lewisham were in employment. This is compared to 4.8% in Southwark and 6.5% in Lambeth. The figure is 7% for England.

Trends/Benchmarks



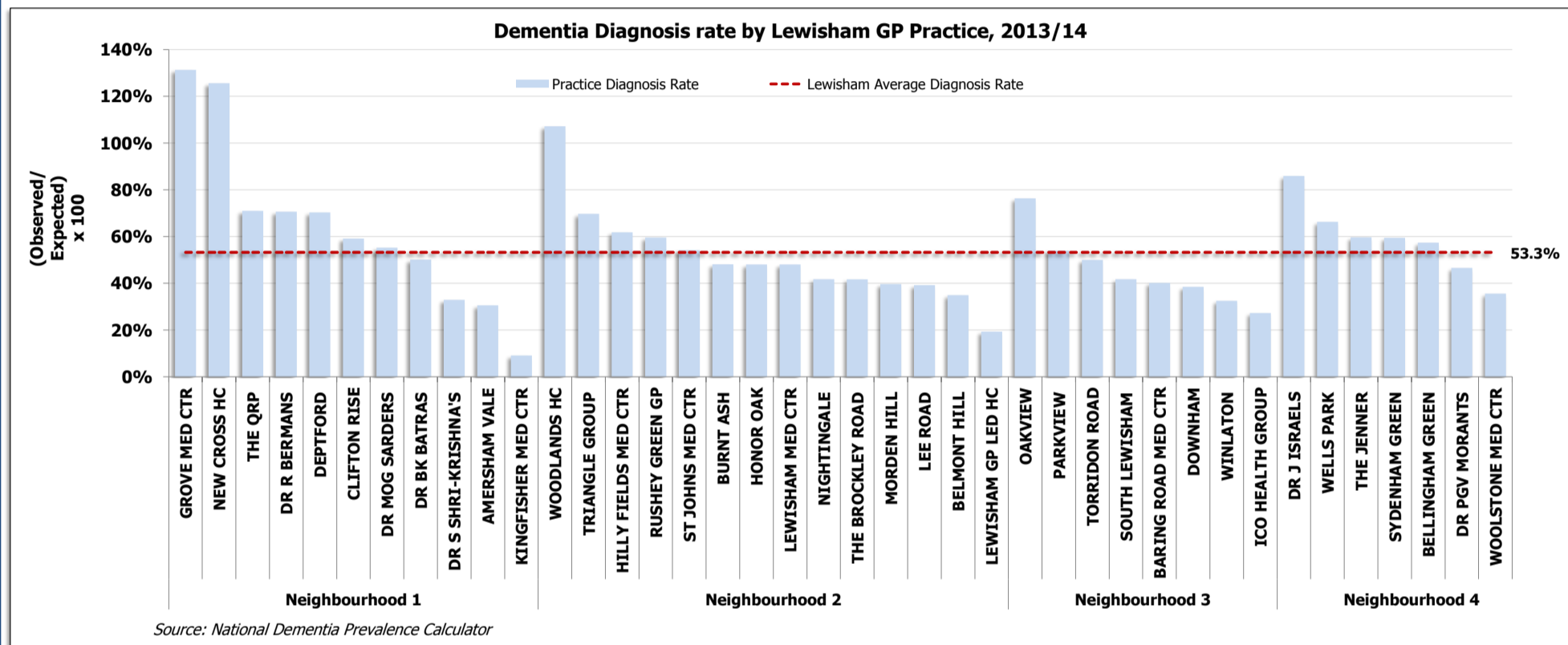
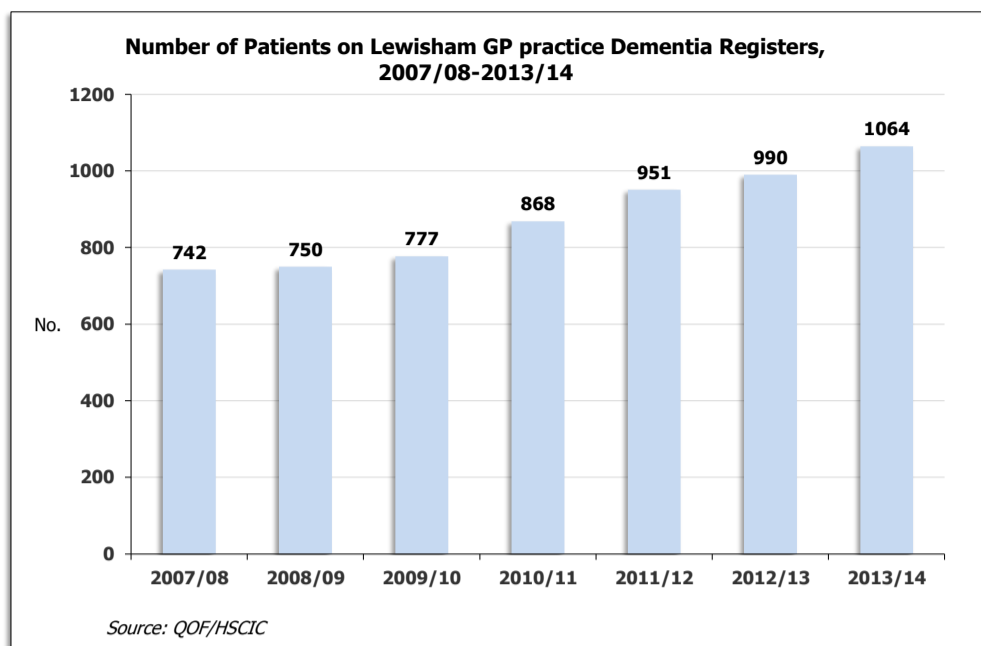
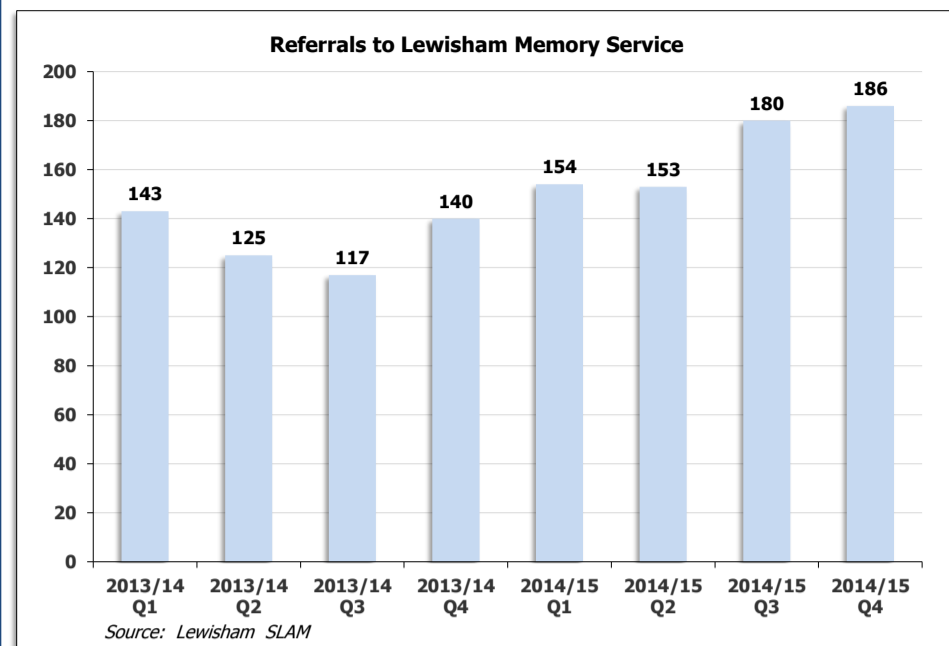
Commentary

Suicide rates had been falling in Lewisham but there has been an increase over the last 5 years, although that actual numbers of deaths remain small. The rates are not statistically significantly different to London or England as a whole. There are high rates of service usage in Lewisham. There was a trend of decreasing rates of admissions and occupied bed days, but this has now stabilised. Significantly A&E attendances is rising, therefore we need to further understand A&E presentation including frequent attenders and people known to SLAM. The number of patients detained under the mental health act and those on a CPA have remained relatively consistent during 2013/14.

Older Adults Mental Health

- The focus for adult mental health services in Lewisham is improving the care for people with dementia. In particular, increasing diagnosis at the earliest stage as possible.

Trends/Benchmarks



Commentary

The Lewisham memory service was established in April 2011 as a single point of access service. The referrals to the service have fluctuated but have begun to climb again in recent months. Encouragingly the size of GP dementia registers have increased year on year. However, the graph shows that the gap between the diagnosed and expected rates of diagnosis vary greatly between GP practices suggesting that GPs performance in diagnosing and consequently caring for their dementia patients is also variable. Dementia increases are related to increased awareness in Primary Care (CCG Dementia Diagnosis rate)

Child and Adolescent Mental Health

The proportion of CAMHS referrals which are accepted has seen a decline over the last two years.

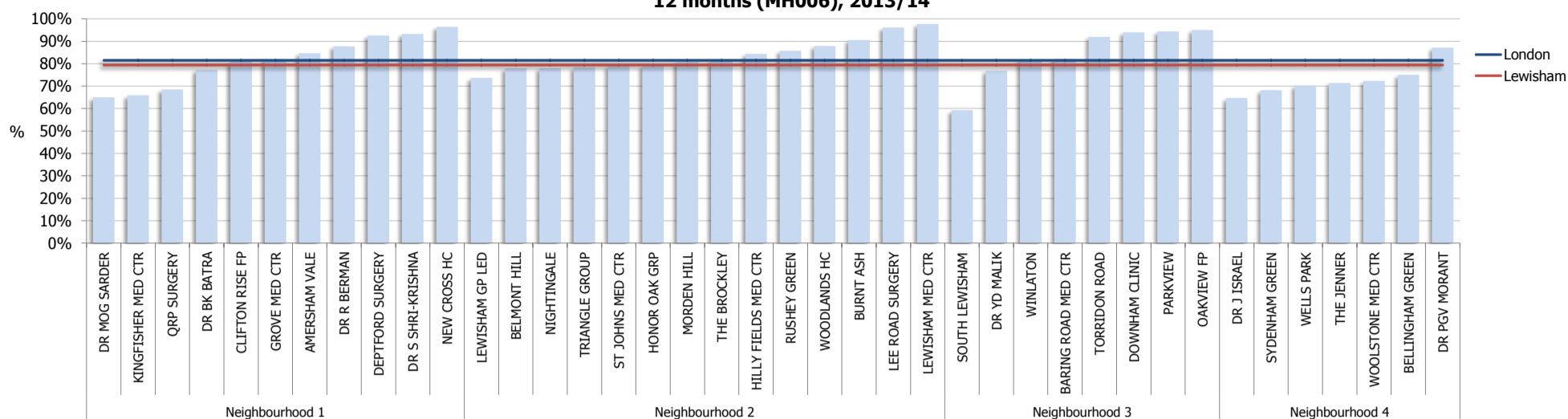
Lewisham is currently part of the Headstart Pilot programme which aims to improve emotional resilience of 10-14 year olds, it strives for the 3 key outcomes of:

- Increased emotional literacy
- Prevention of needs escalating
- Increased involvement in school and community
- In Lewisham, mental health services are currently focused on the treatment of mental health disorders rather than prevention. HeadStart is an opportunity for us to invest in improving the mental well-being and resilience of children and adolescents before they become unwell and require specialist services. It will also equip them with life skills 2 which will support them into adulthood and enable them to value and protect their own mental health.

Primary Care/Secondary Care Interface

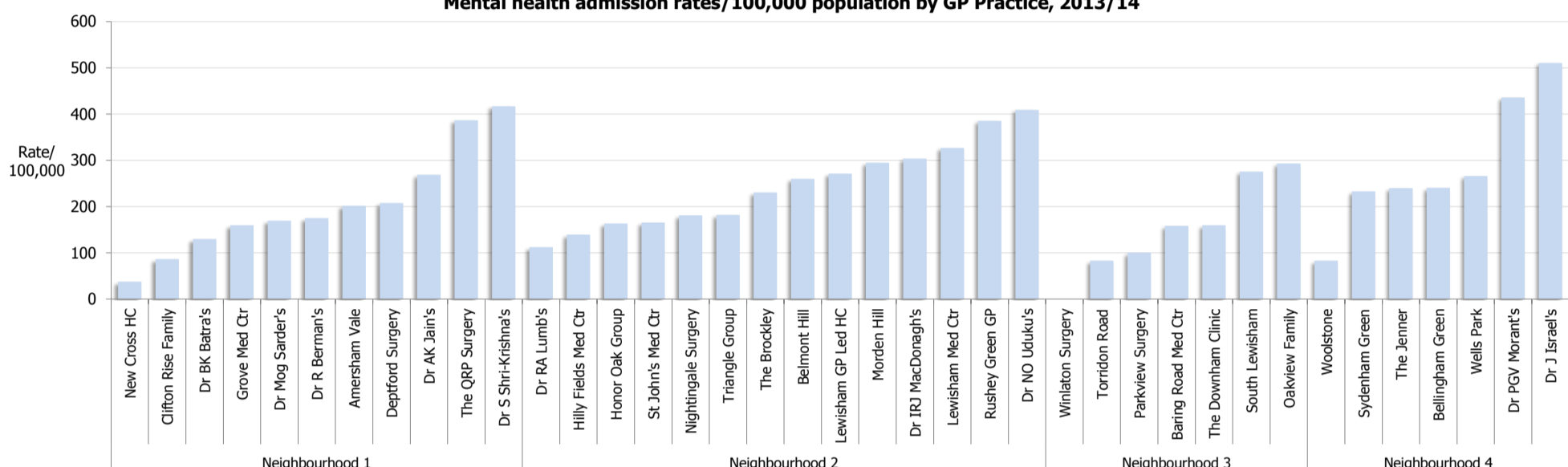
The primary/secondary care interface is of increasing importance as specialist mental health services work to step down service users who no longer require specialist care. Following the implementation of the new adult mental health model, community teams have moved from a three team structure to a four team structure to mirror the primary care neighbourhoods in the borough. There is also additional support for GPs to manage their mental health caseload.

The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of BMI in the preceding 12 months (MH006), 2013/14



Source: QOF, HSCIC

Mental health admission rates/100,000 population by GP Practice, 2013/14



Source: MHMDS, HSCIC

Commentary

- There is variation in the number of SSRI items prescribed by GP practice.
- There is also variation in the percentage of people who are on the mental health register who have had a measure of the BMI. This is a potentially important indicator of how well practices are managing the physical health of their mental health patients.
- There is a great variation in the rate of admissions by GP practice for mental health reasons. Some of this will be related to the number of patients on their registers with a mental health diagnosis and the severity of the condition. The concentration of admissions in some practices and neighbourhoods suggests there could be value in practice based initiatives to prevent admissions.

Achievements

Lewisham was successful in securing funding under the Headstart Project, the programme has a focus on building resilience and young people, and has an emphasis on workforce and practitioner skills development.

Public Health Outcomes: Promoting Physical Activity

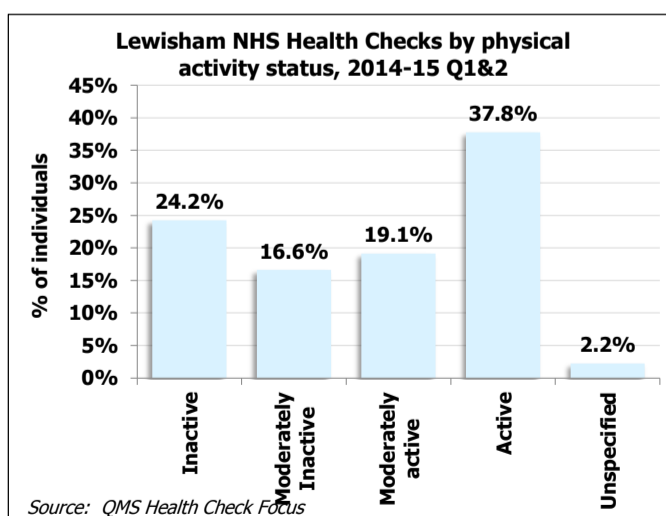
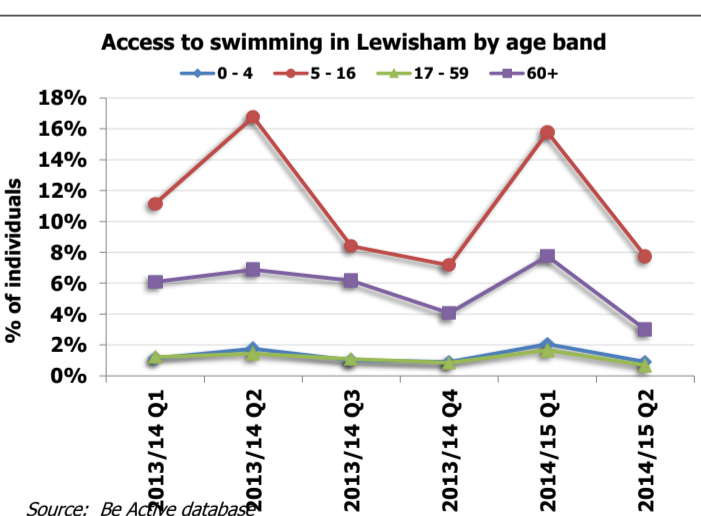
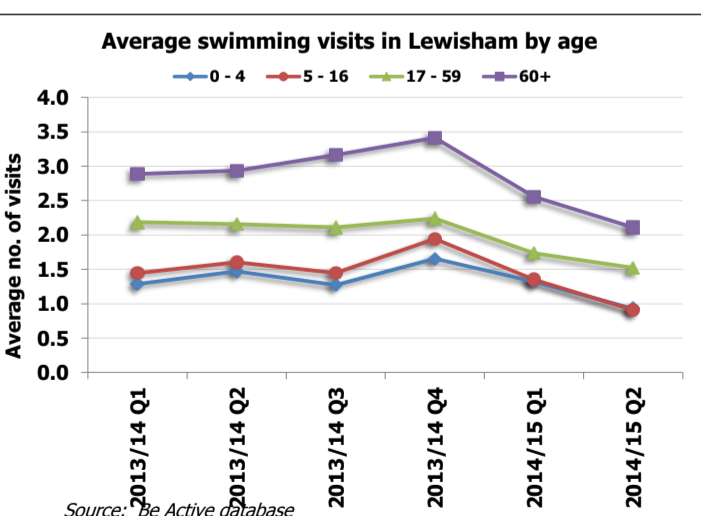
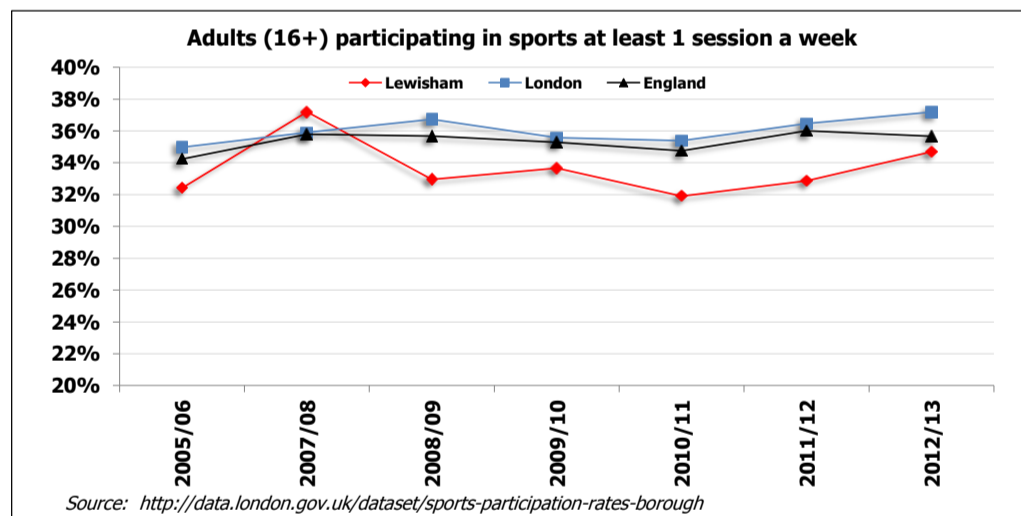
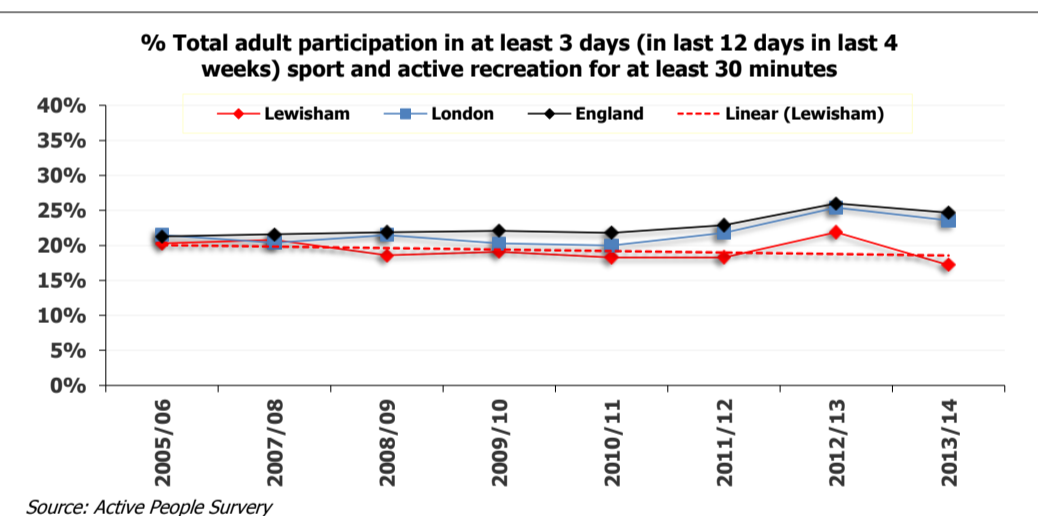
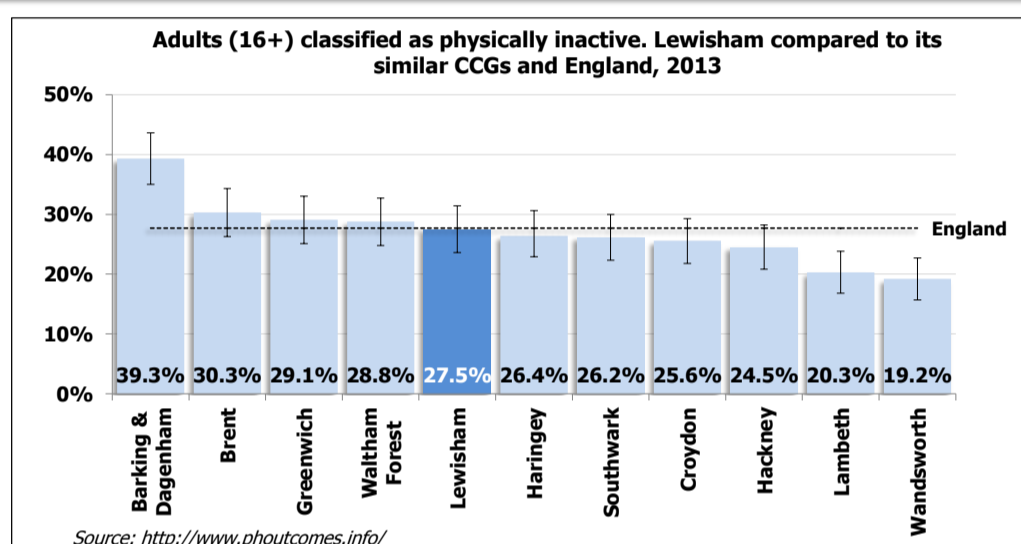
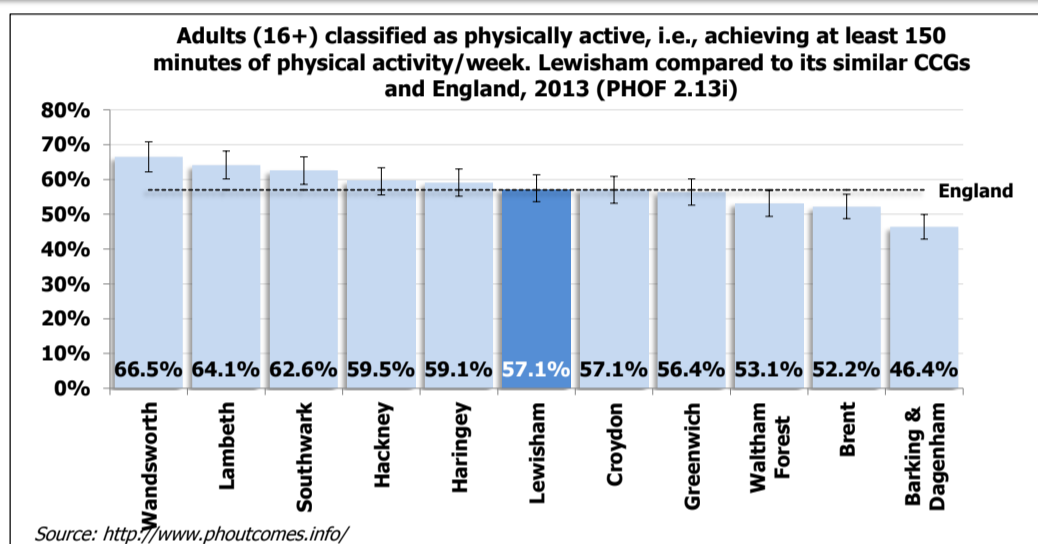
Key Messages

- Nationally, over one in four women and one in five are classified as 'inactive' (Health Survey for England, 2012)
- 21% of boys and 16% of girls aged 5-15 achieve recommended levels of physical activity (HSE 2012)
- Physical inactivity is the fourth largest cause of disease and disability in the UK. Reducing inactivity could prevent up to 40% of long term conditions (PHE 2014)
- In Lewisham the proportion of Adults (16+) classified as physically inactive is 25.0% which is significantly better than the ONS London Metropolitan Cluster and England, 2013.
- In Lewisham the proportion of Adults (16+) classified as physically active is 57.8% which is not significantly different from that of England.
- NICE guidance primary care is an ideal setting for initiating and supporting change in patient physical activity behaviour (NICE Brief Advice for adults in primary care, 2013 and Exercise Referral schemes to promote physical activity, 2014). NICE suggests all 'inactive' should be offered a PA BA intervention.
- In Lewisham during 2012-14 brief advice on physical activity delivered in primary care with 377 staff being trained.
- Since 2005/06 there has been a slight increase in the total adult participation in sports and active recreation (at least 30 minutes for 3 days a week) with a slight dip in 2008/09 and a rise in 2012/13, which plateaued in 2013/14; this demonstrates a variation in trend.
- An increase in both male (1.4%) and female (1.7%) participation between 2005/06 and 2013/14 Q2. However, Lewisham is lower than London and England.
- Everybody active, every day (PHE 2014) evidence based approach to physical activity

Health and Wellbeing Board Performance Metrics

Indicator	Latest period of availability	Lewisham	London	England	England Benchmark	Direction from previous period
% of physically active adults	2014	57.1	57.8	57.0	similar	↓
% of physically inactive adults	2014	27.5	27.0	27.7	similar	↑

Trends/Benchmarks



Activity Performance - Adults

	Indicator	2013/14	2014/15 Q1&2
Change For Life (C4L)	1. Number of groups (described as supporters) registered with C4L biannual	4	0
	2. C4L Consumer (described as residents) Signups	1230	110
Walking	3. Total number of adults participating in the regular walks (on average at least once a week)	2434	1432
	4. Total number of new walkers	237	132
	5. Percentage of new walkers reporting doing more physical activity	87%	80%
	6. Number of adult volunteers completing the healthy walks volunteer leaders training (16+yrs, quarterly)	49	23
Exercise on referral (EOR)	7. Number of EOR (16+) referrals received (Fusion Leisure Data).	1265	1346
	8. Number of EOR referrals (16+) attended initial group assessment (Fusion Leisure data)	687	338
	9. Number of EOR completers (Fusion Leisure Data)	38	15
	10. Number of EOR referrals received (1Life)	324	275
	11. Number of EOR initial assessments completed (1Life)	N/A	146
	12. Number of EOR completers (1Life)	N/A	13
Health Checks	13. Health check - number of adults GPAQ (General Practice Assessment Questionnaire) score inactive (40 -74 yrs)	N/A	Inactive: 749 (24%), Active: 1167 (38%) Total Health Checks: 3090
	14. Health check - total number registered at Get Moving physical activity programmes (40-74yrs)	261	254
	15. Health check - % attendance at Get Moving physical activity programmes (40-74yrs)	93%	53%
	16. Health check - proportion of Get Moving programme continuing Physical Activity at follow-up (%)	43%	
Other	17. Number of Primary Care Staff and Wider Community receiving physical activity training to improve knowledge and skills.	152	225
	18. Number of adult cycle lessons delivered to beginners and improvers 16+ years	N/A	129
	19. Number of adults who have taken up bike loan offer	450	300
	20. Number of adults, 60+yrs accessing free swimming	2293 (6.3%)	1776 (9.6%)

Activity Performance - Children

Indicator	2013/14
1. Number of under 16s accessing free swimming	9486
2. Number of Year 6 participating in Bikeability cycle training (Level 1 and/or level 2 training)	1000
3. Number of under 9's learn to ride sessions with parents	N/A
4. Number of children participating in cycle/road safety training (40 schools, 60 sessions)	N/A

Achievements

- The exercise on Referral Pathway has been designed and is being implemented
- Work is continuing on the Falls Prevention Pathway, considering how Physical Activity can be best intergrated
- Free swimming for under 16 and over 60s continues

Public Health Outcomes: Improve Sexual Health

Key Messages

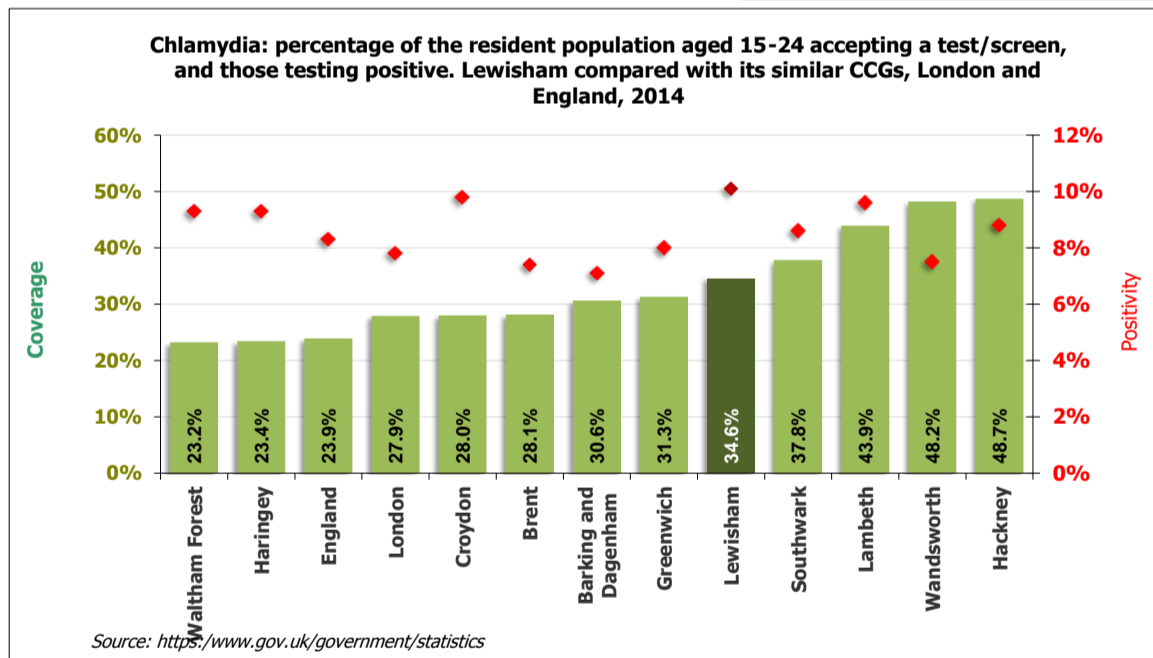
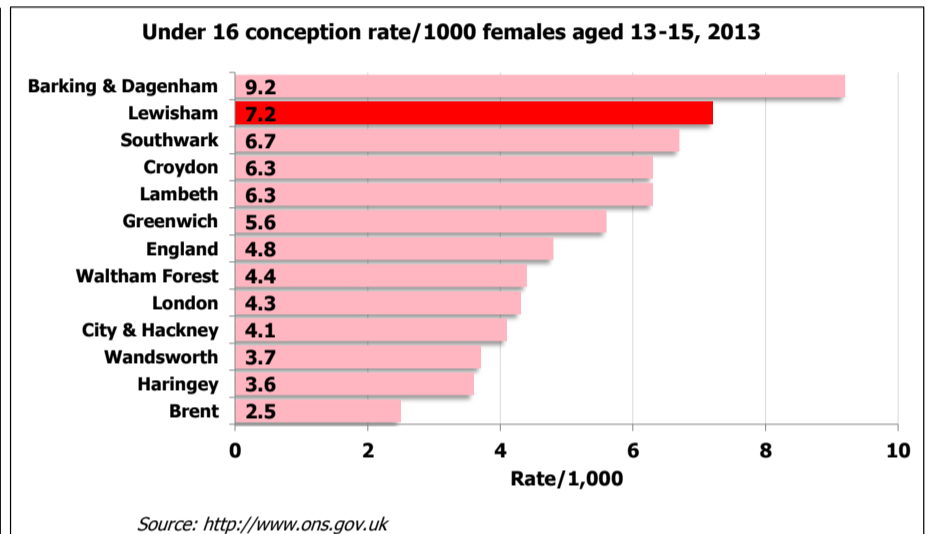
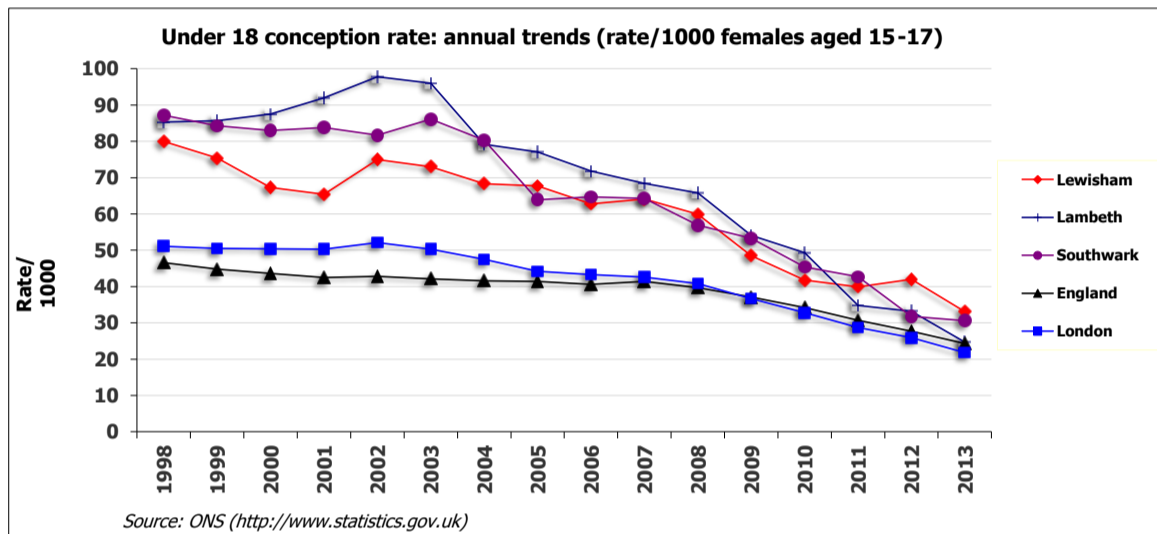
- Whilst they have fallen over the last decade teenage pregnancy rates remain high in Lewisham, relative to both London and England
- Abortion rates in under 18s high
- Chlamydia screening rate has dropped, was previously around 50%
- Data for Sexually Transmitted Infections is being skewed Men who have sex with men, as it is understood that they have the highest
- Demand for services is likely to increase due to the continued population increase and a high birth rate. The General fertility Rate was 65.8 in 2014
- There are high levels of new STIs in residents of Black Ethnic Groups
- The Pelvic Inflammatory Disease rate is also high and as yet remains unexplained.

Health and Wellbeing Board Performance Metrics

Indicator	Latest period of availability	Lewisham	London	England	England Benchmark	Direction from Previous Period
Rate of chlamydia diagnoses per 100,000 young people aged 15-24	2014	3504	2178	1978	sig better	↓
People presenting with HIV at a late stage of infection (%)	2011-13	46.1	40.5	45	similar	↓
Prevalence of diagnosed HIV infection per 1,000 among persons aged 15 to 59 years (crude rate)	2013	8.2	5.7	2.1	-	↑
Legal Abortion rate for all ages (crude rate per 1000 women)	2014	25.0	21.8	16.5	sig worse	↓
Teenage conceptions (Rate per 1,000 15-17 Yr olds)	2013	33.1	21.8	24.3	sig worse	↓

Young Person's Sexual Health (under 25s)

Trends/Benchmarks

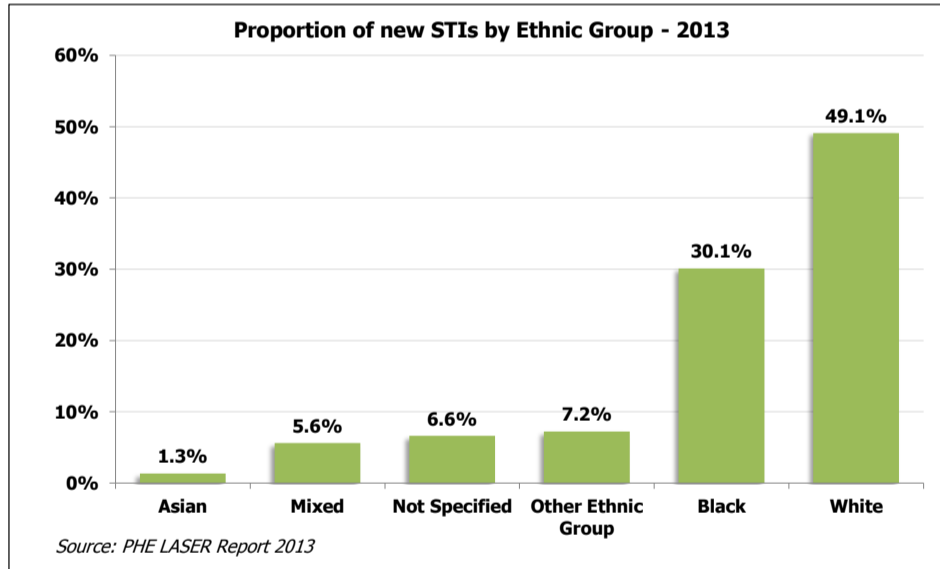
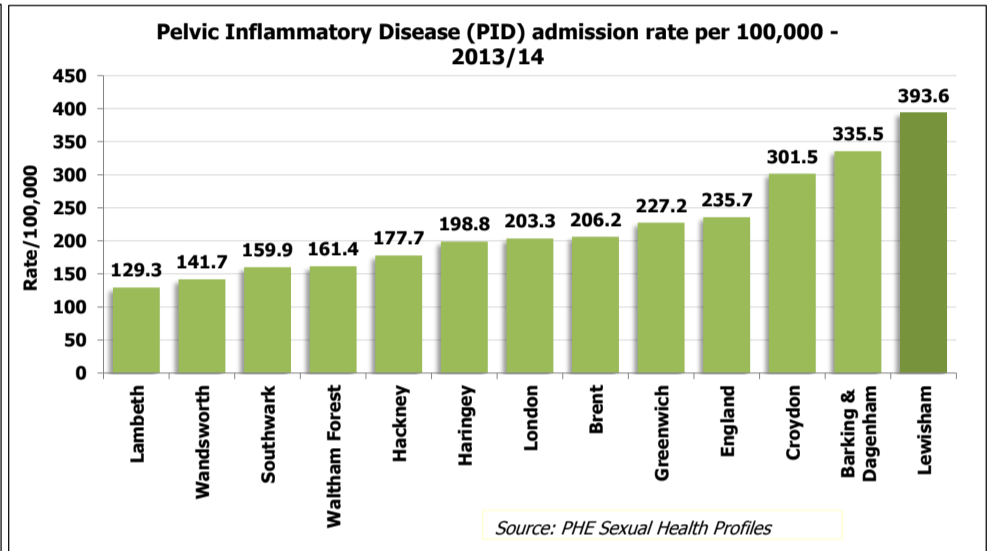
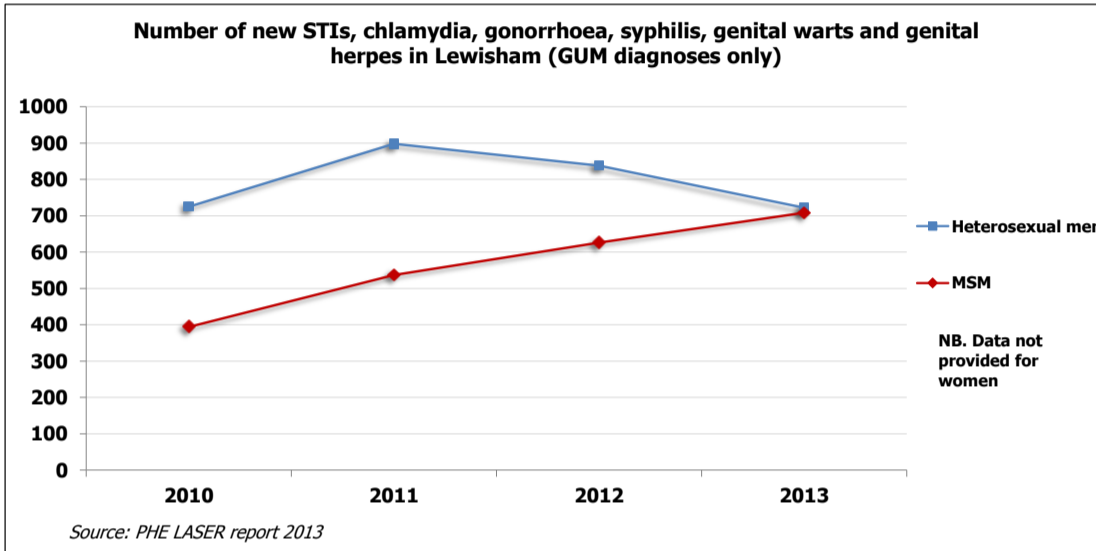
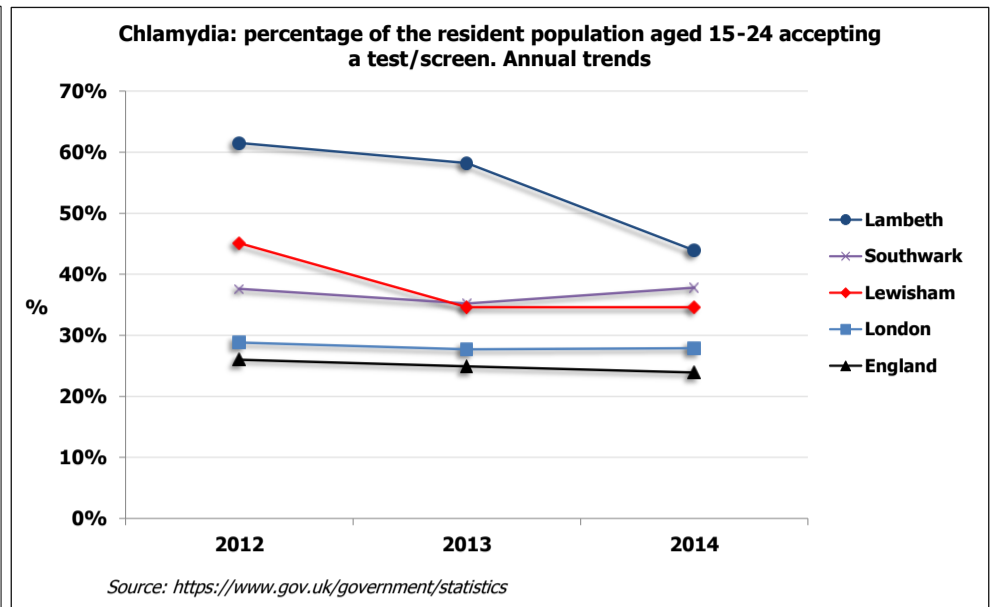
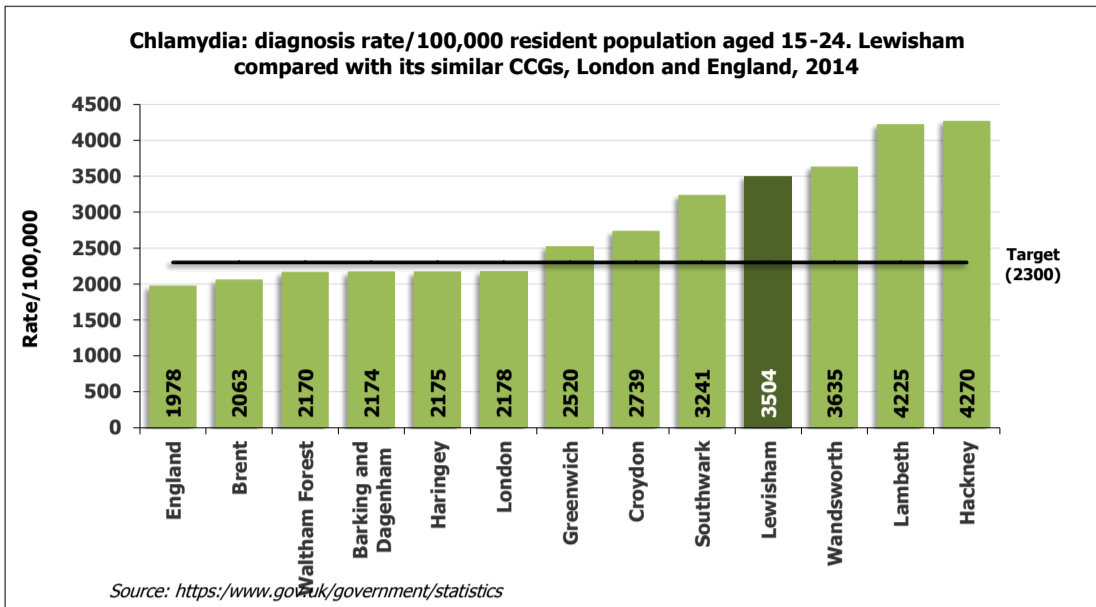


Sexually Transmitted Infections

Key Messages

- Chlamydia screening coverage remains high but falling
- Positivity remains high, the proportion of individuals testing positive for chlamydia is one of the highest in London
- In 2013, Lewisham is ranked 22 (out of 326 local authorities in England; first in the rank has highest rates) for rates of new sexually transmitted infections (STIs).

Trends/Benchmarks



Commentary

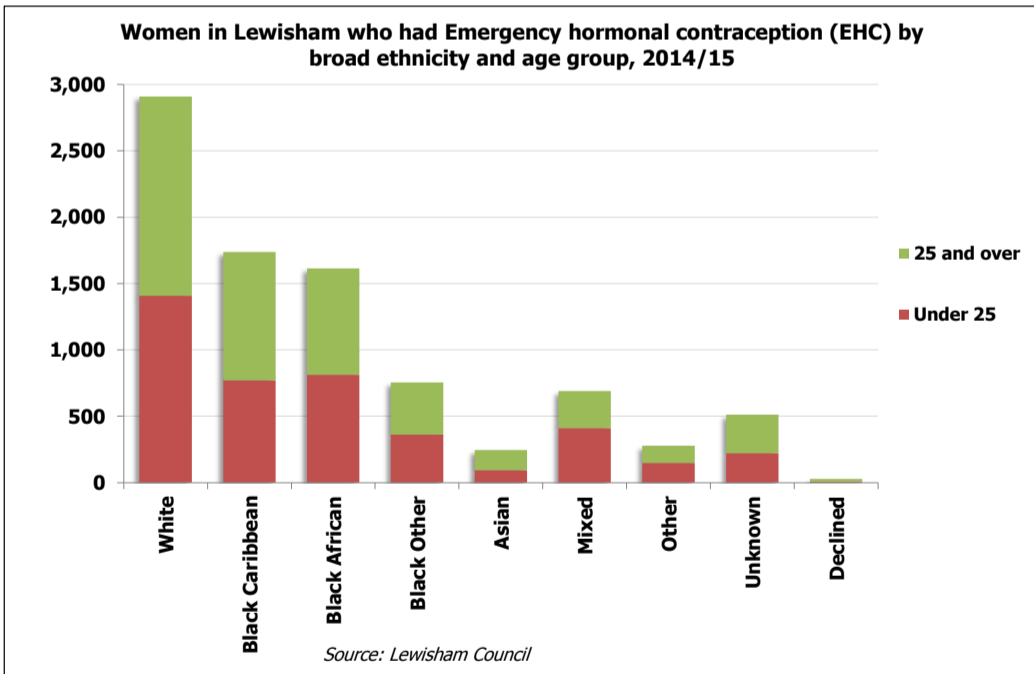
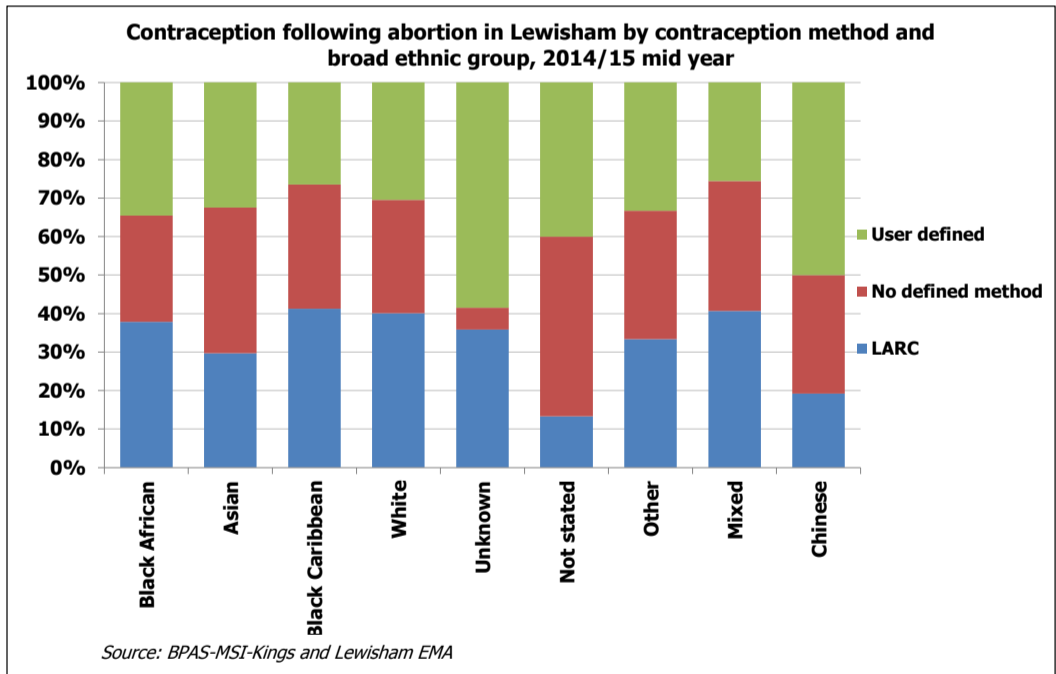
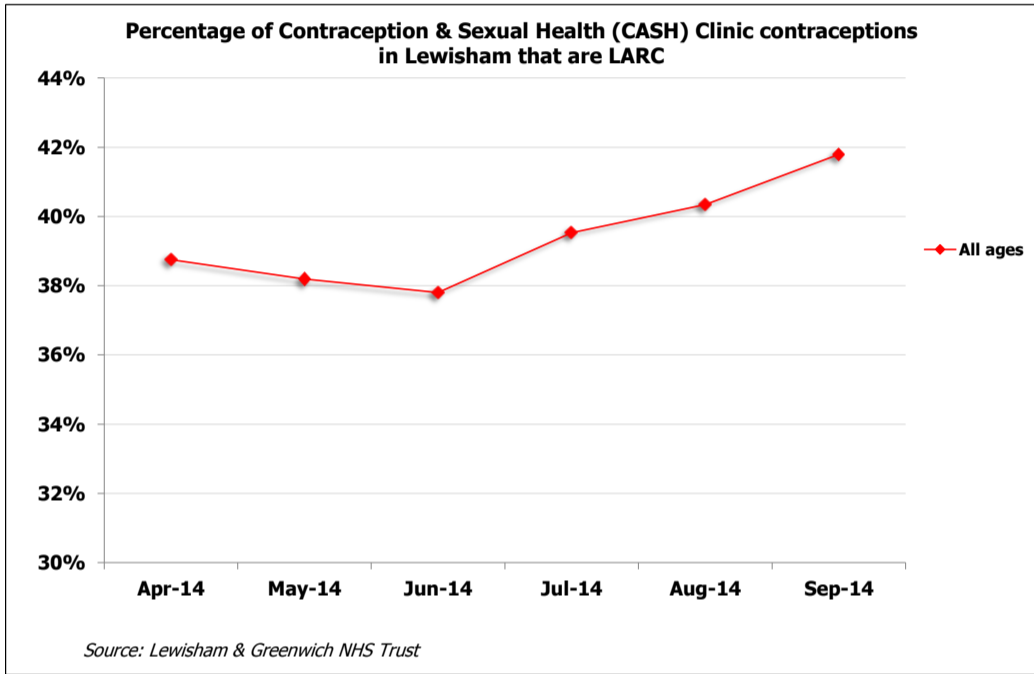
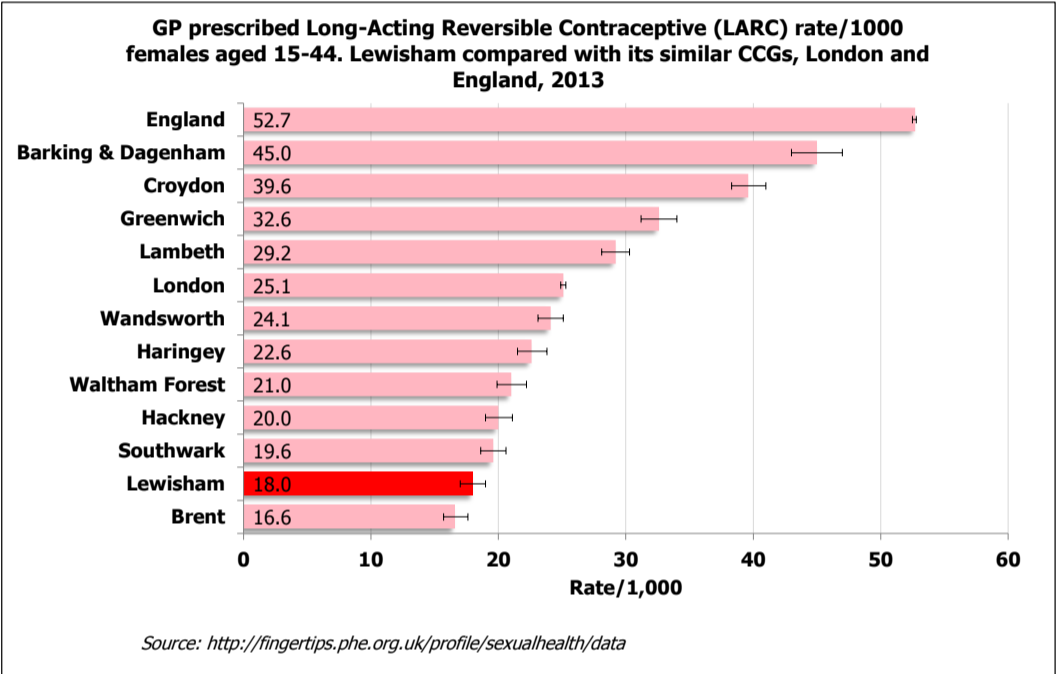
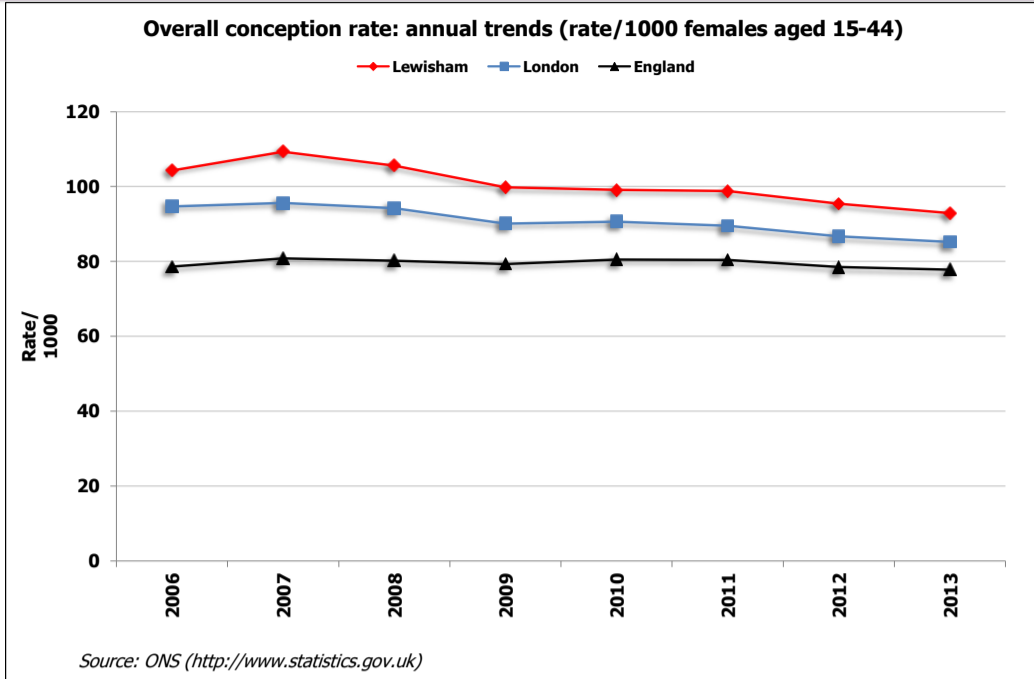
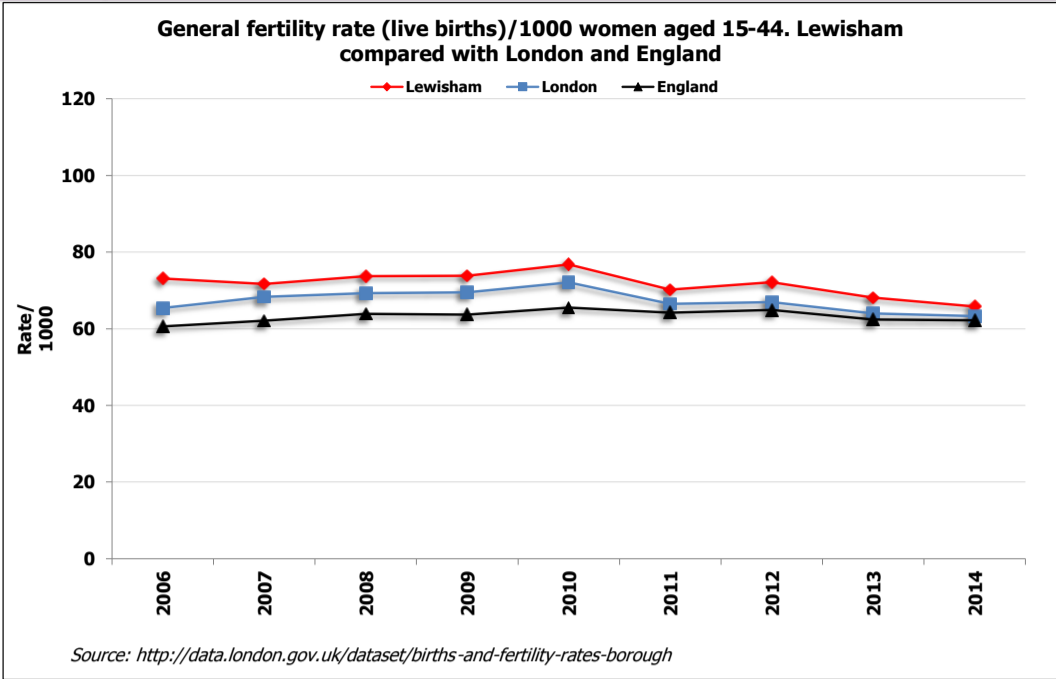
3635 new STIs were diagnosed in residents of Lewisham in 2013 (2175 in males and 1455 in females), a rate of 1291.0 per 100,000 residents (males 1577.0 and females 1013.0) (gender was not specified or unknown for 5 episodes). In Lewisham, an estimated 5.5% of women and 11.9% of men presenting with a new STI at a GUM clinic during the five year period from 2009 to 2013 became reinfected with a new STI within twelve months. Nationally, during the same period of time, an estimated 6.9% of women and 8.8% of men presenting with a new STI at a GUM clinic became reinfected with a new STI within twelve months. In Lewisham, an estimated 5.2% of women and 10.6% of men diagnosed with gonorrhoea at a GUM clinic between 2009 and 2013 became reinfected with gonorrhoea within twelve months. Nationally, an estimated 3.7% of women and 8.0% of men became reinfected with gonorrhoea within twelve months.

Contraception

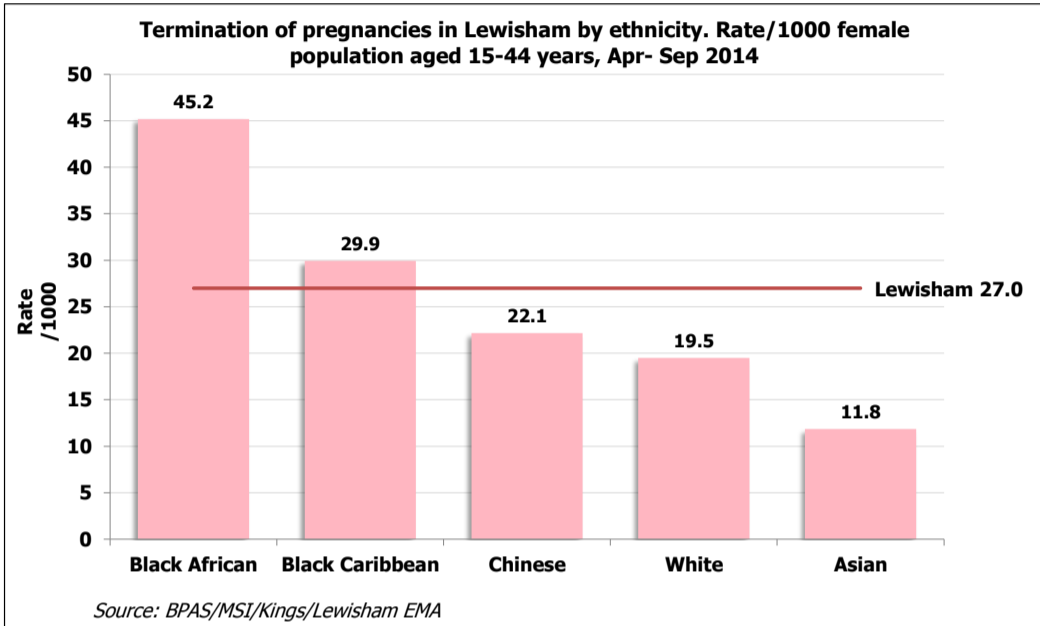
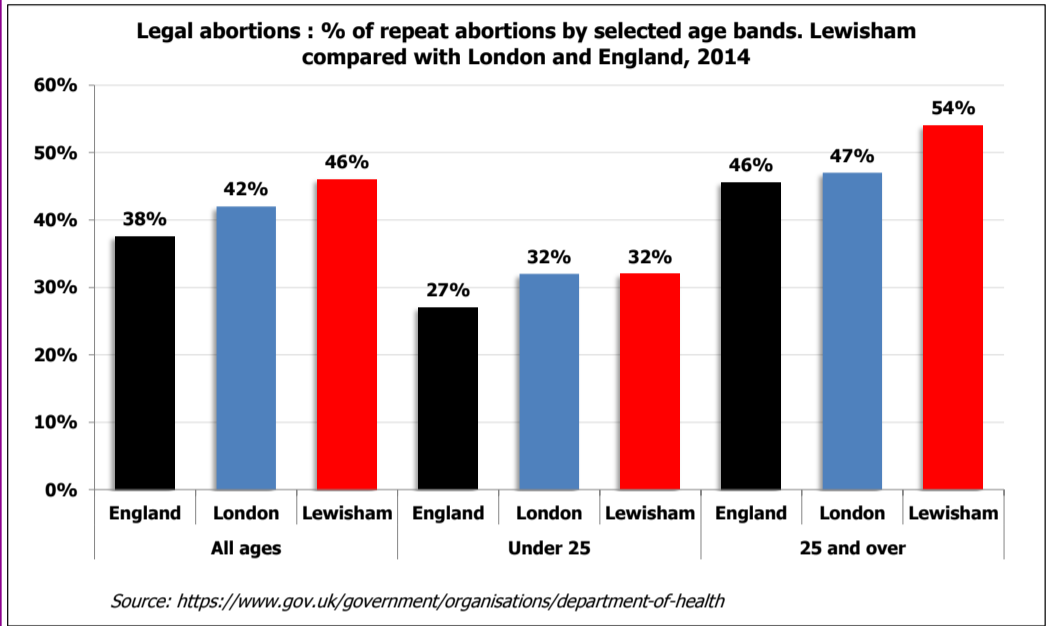
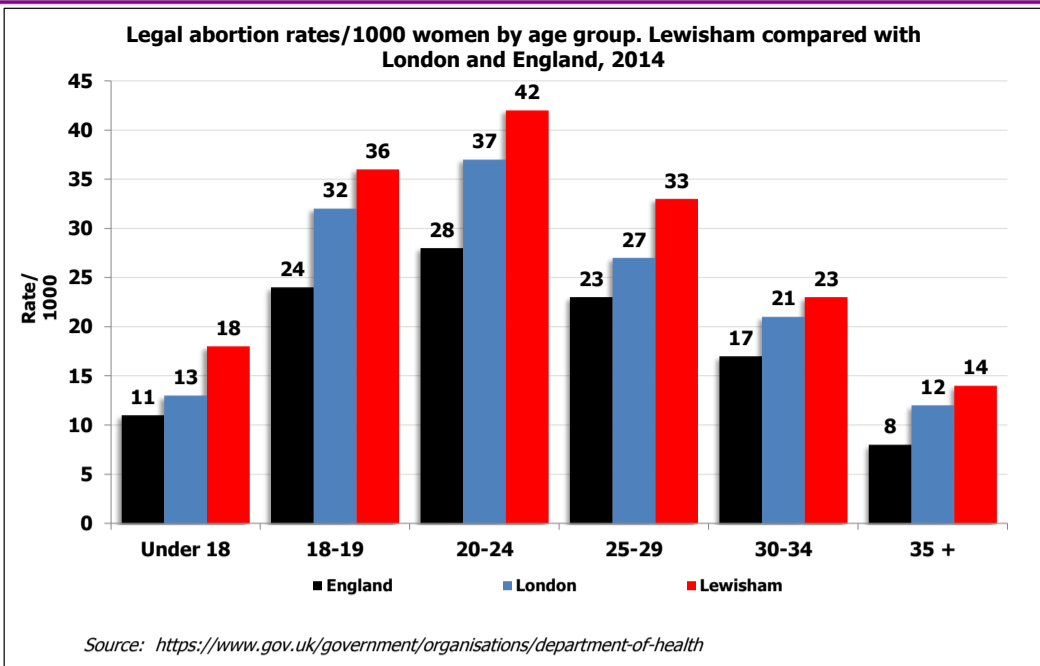
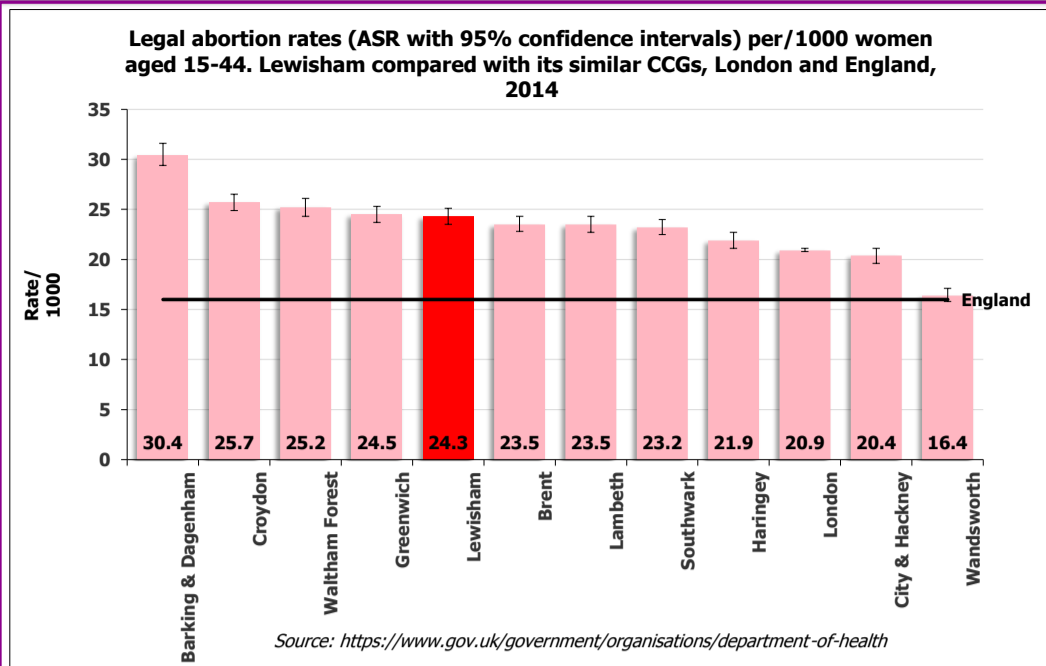
Key Messages

Both the General Fertility Rate and Overall Conception Rate has decreased, however remain above both the London and England figure. Whilst Lewisham sees a lower rate of GP Prescribed LARC compared with similar CCGs, the trend for LARC at Contraception and Sexual Health Clinics is positive. The latest LASER report for Lewisham revealed that in 2013 Lewisham is ranked 318 out of 326 local authorities in England for the rate of GP prescribed LARCs, with a rate of 18.0 per 1,000 women aged 15 to 44 years, compared to 52.7 in England.

Trends/Benchmarks



Abortions

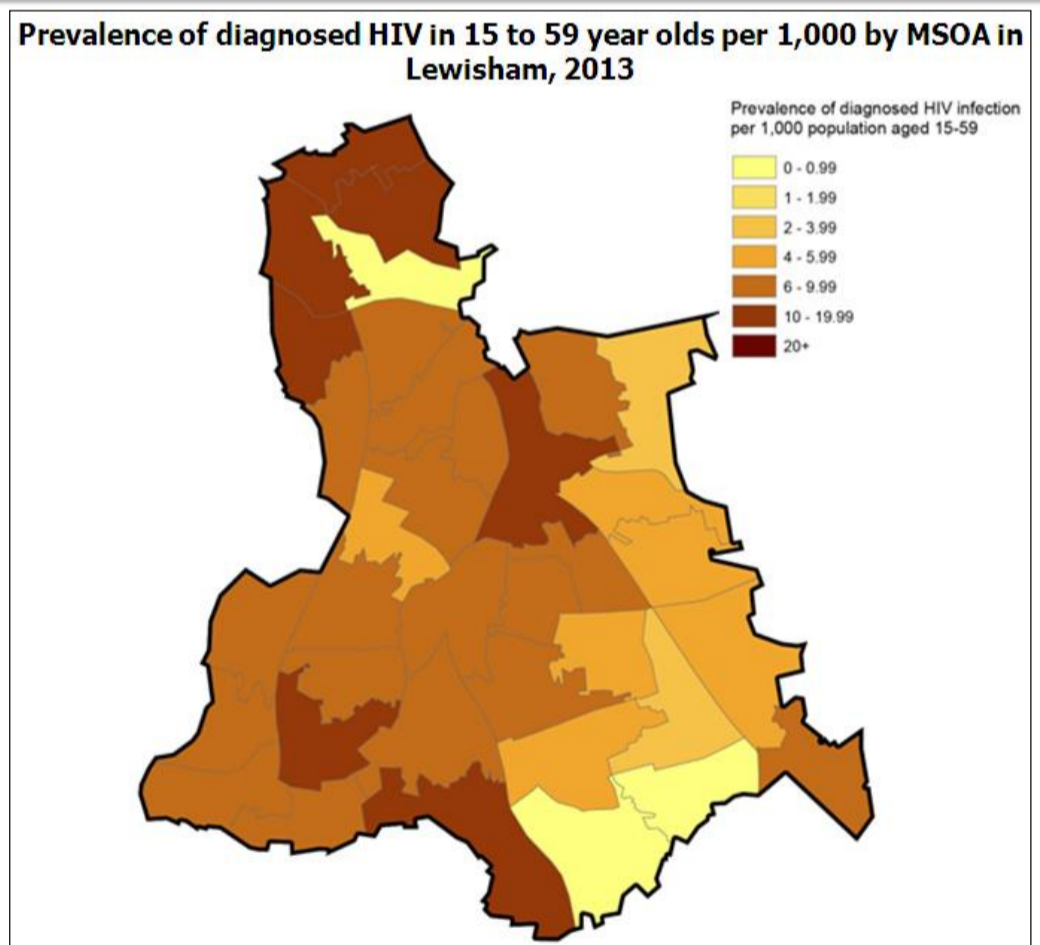
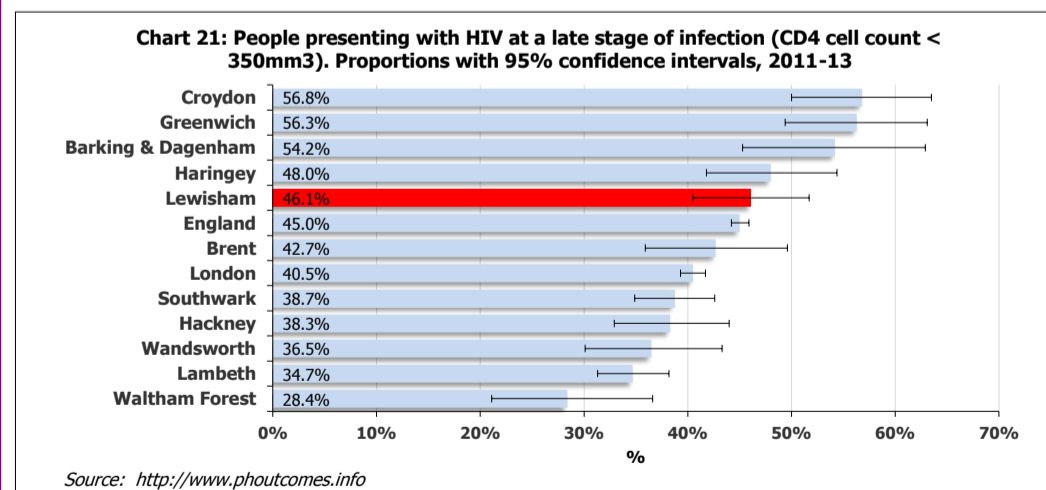
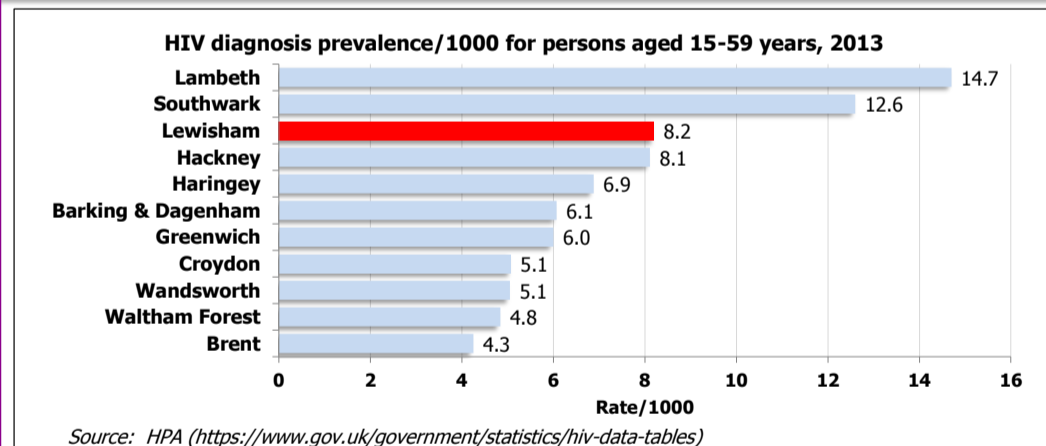


Commentary

Among NHS funded abortions, the proportion of those under 10 weeks gestation was 83.5%, while in England the proportion was 79.4%. The earlier abortions are performed the lower the risk of complications. Prompt access to abortion, enabling provision earlier in pregnancy, is also cost-effective and an indicator of service quality and increases choices around procedure.

HIV

Trends/Benchmarks



Achievements

- Late diagnosis of HIV is falling partly due to the increase in routine testing in primary care and sexual health services
- Abortion rates are falling, although numbers remain high partly due to the demography of borough which has large numbers of young people
- Chlamydia remains the most common STI. The proportion of individuals testing positive remains high despite falling coverage of testing
- Teenage pregnancy rates are continuing to fall, in line with the national and London trend.

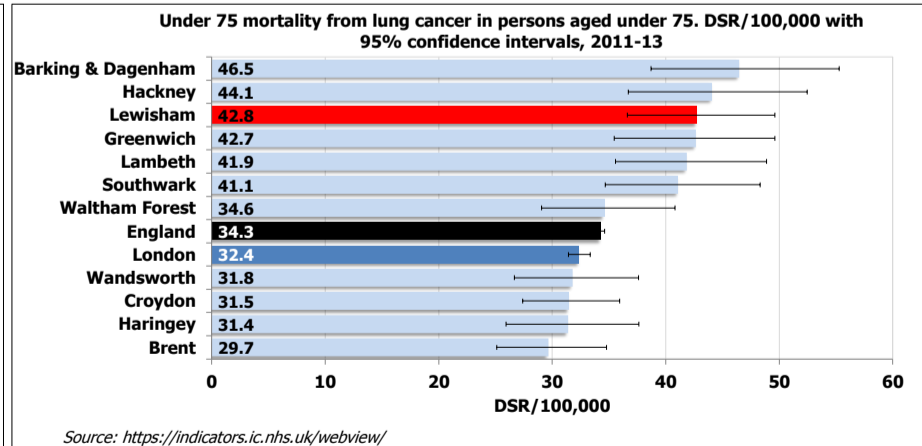
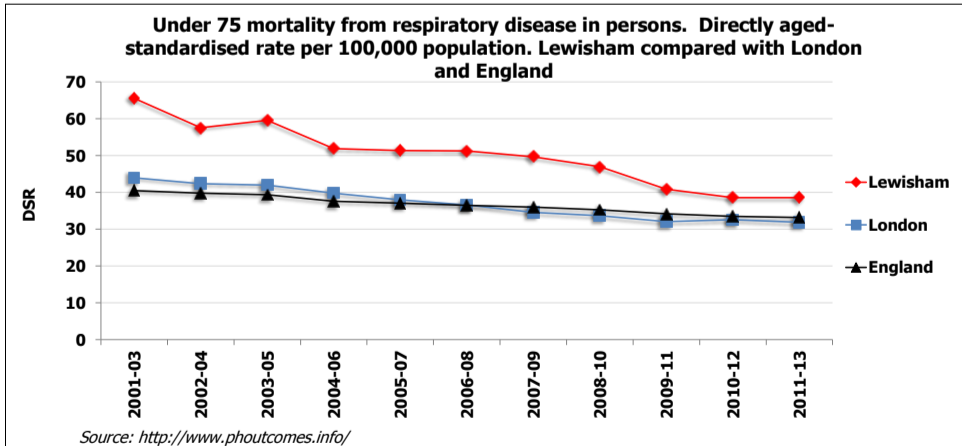
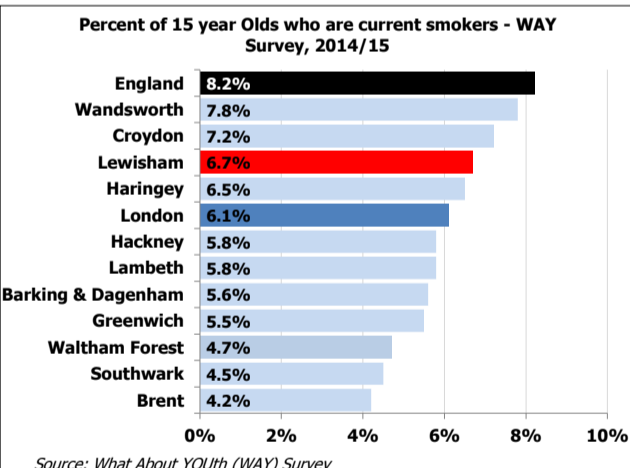
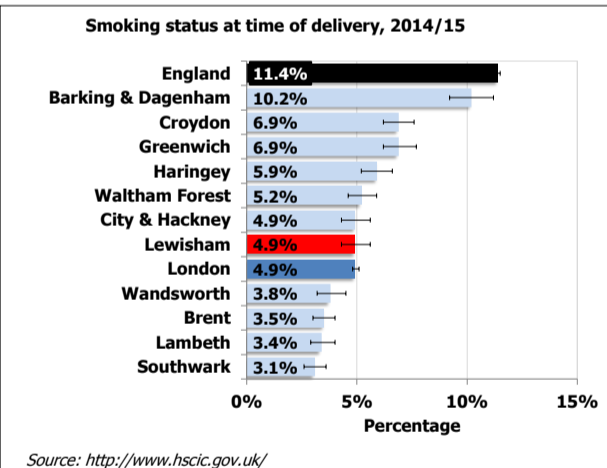
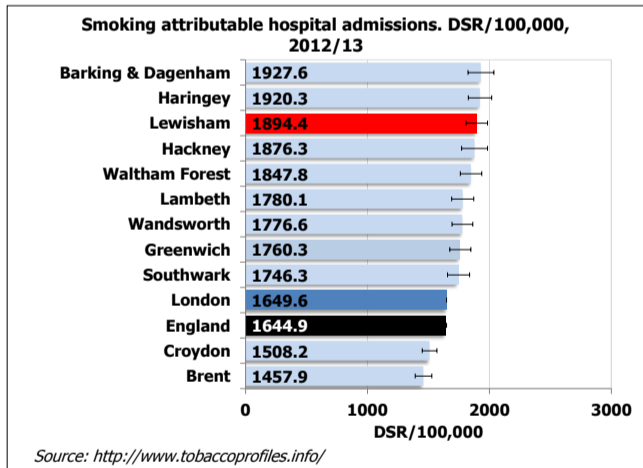
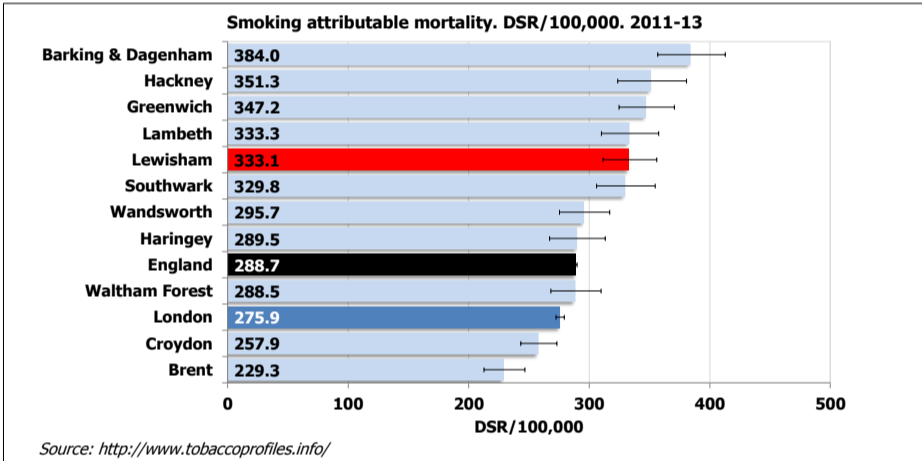
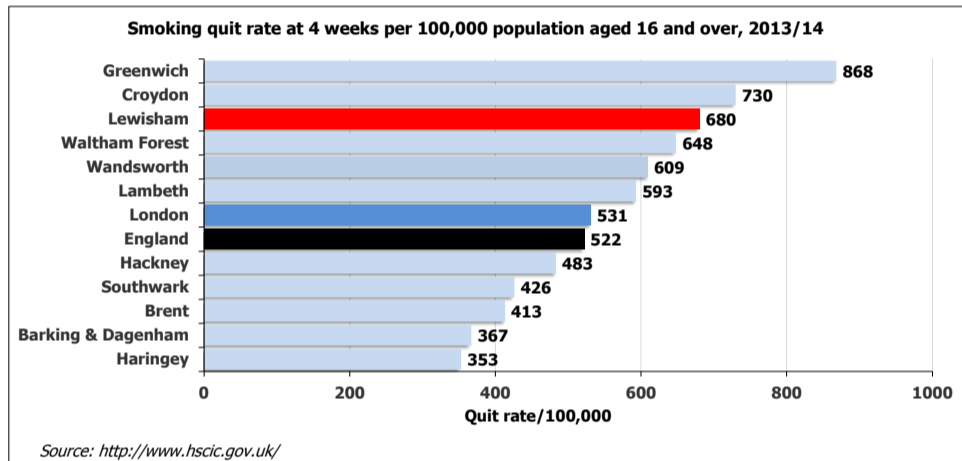
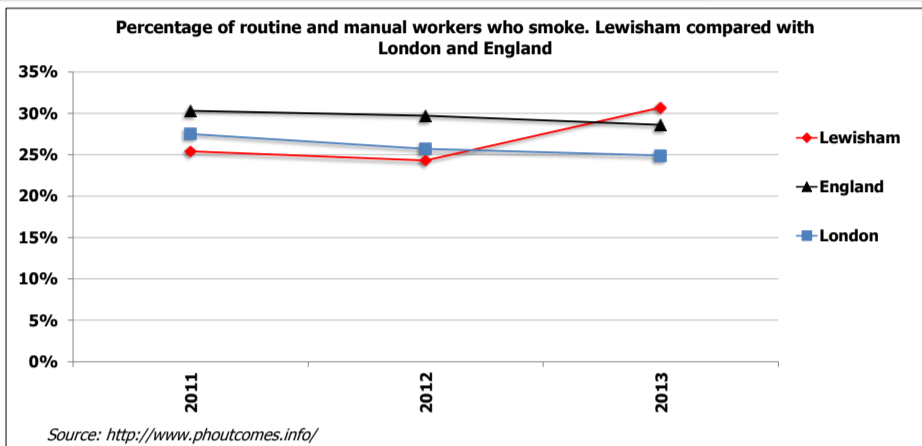
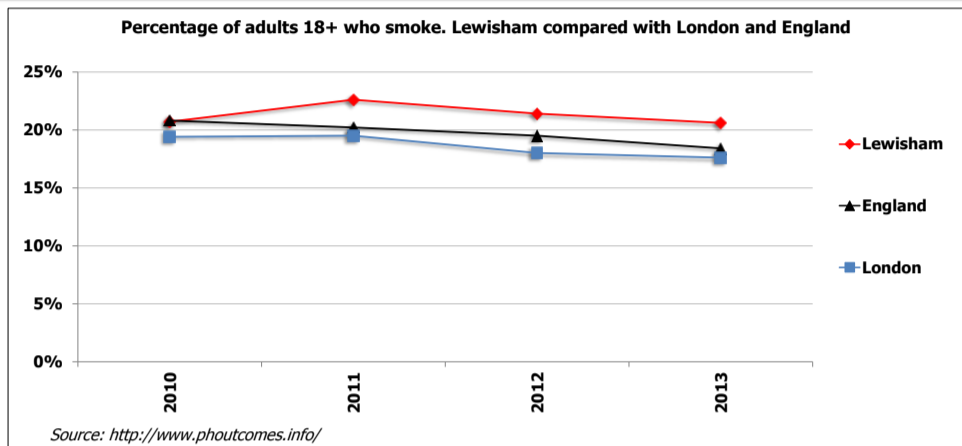
Key Messages

- More people smoke in Lewisham compared with London and England. 1 in 5 people continue to smoke in Lewisham, with 1 in 3 smokers in routine and manual occupations.
- The number of smoking quitters is lower than previous years and not meeting target, but the rate per 100,000 is higher than London and England.
- The Stop Smoking Service is very successful at reaching heavily addicted smokers such as pregnant women and people with mental health problems, with a strong correlation between higher IMD scores and smoking quitters and an increasing number of smokers quitting from more deprived wards.
- Dedicated enforcement post has enabled increased focus on illegal and underage sales and large quantities of illegal tobacco seized.

Health and Wellbeing Board Performance Metrics

Indicator	Latest period of availability	Lewisham	London	England	England Benchmark	Direction from previous Period
Under 75 Mortality from Respiratory (DSR per 100,000 pop)	2011-13	38.6	31.9	33.2	similar	➡
Under 75 Mortality from Lung Cancer (DSR per 100,000 pop)	2013	46.9	31.0	33.7	sig worse	⬆
Smoking Prevalence(%)	2013	20.6	17.3	18.4	similar	⬇
4 week smoking quitter (crude rate per 100,000)	2013-14	751	656	688	-	⬇
Smoking at time of delivery (%)	2014-15 Q4	5.0	5.2	11.1	-	➡

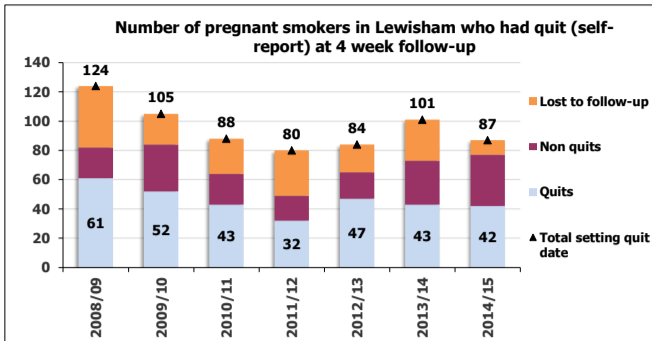
Trends/Benchmarks



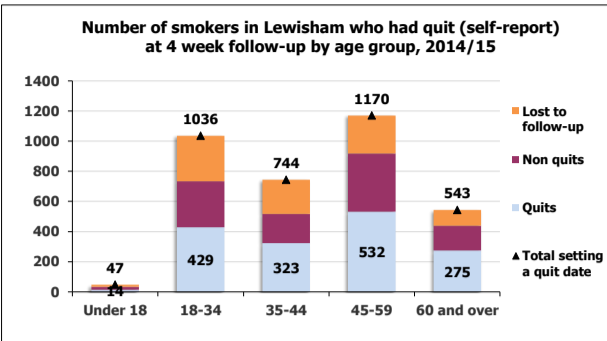
Stop Smoking Services

Annual 4 weeks quits	Target	Actual	Quit rate	Pregnancy
2014/15	1900	1573	44%	42 (48%)
2013/14	1800	1703	45%	43 (43%)
2012/13	1800	1803	46%	47 (56%)
2011/12	1728	1610	42%	32 (40%)

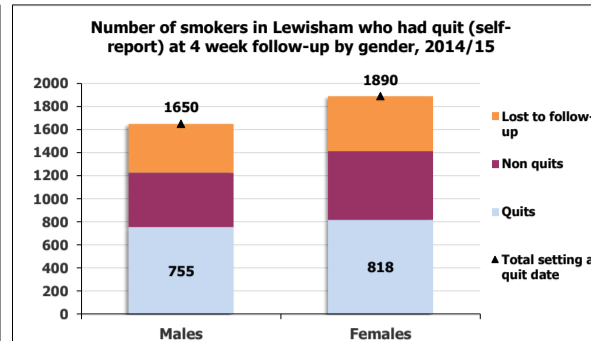
Quarterly 4 week quits	Q1		Q2		Q3		Q4	
	Target	Actual	Target	Actual	Target	Actual	Target	Actual
2014/15	462	377	366	369	481	411	591	416
2013/14	438	396	347	371	456	391	559	545
2012/13	438	392	347	372	456	350	559	689
2011/12	428	438	343	362	387	335	570	475



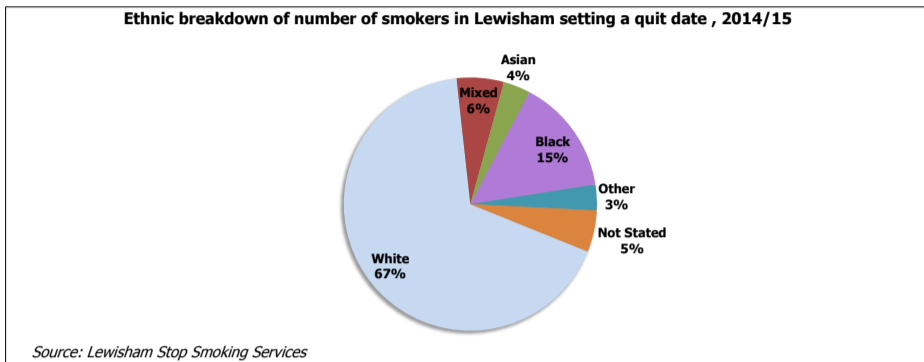
Source: Lewisham Stop Smoking Services



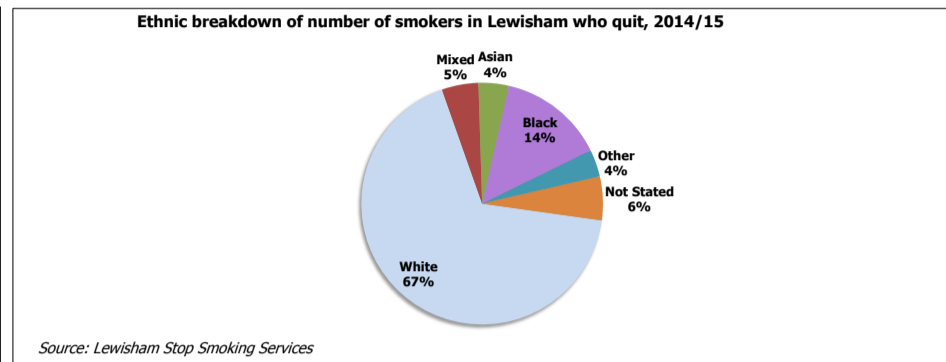
Source: Lewisham Stop Smoking Services



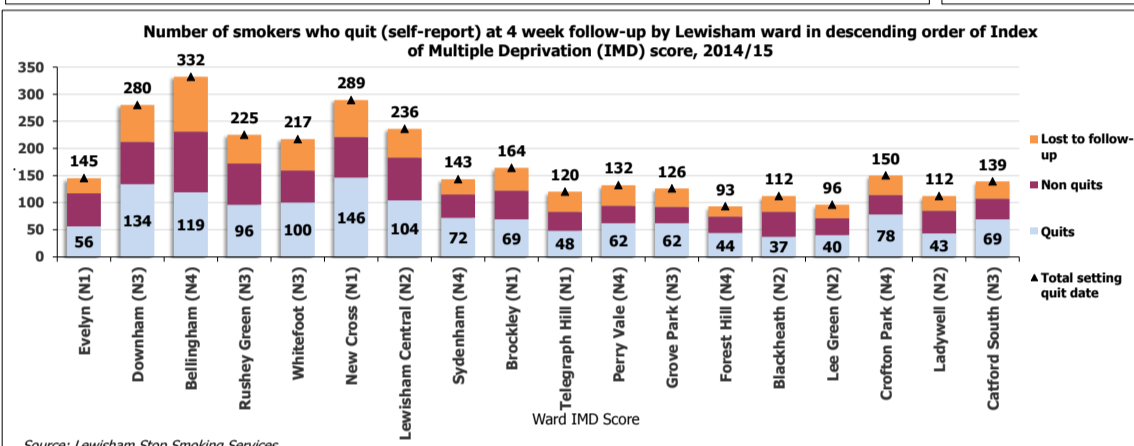
Source: Lewisham Stop Smoking Services



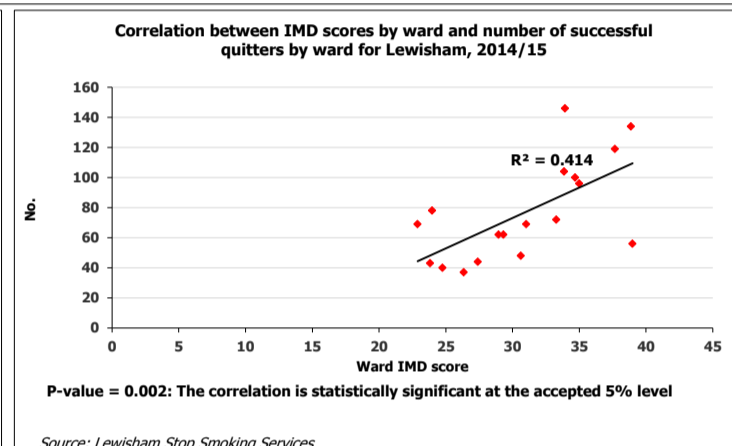
Source: Lewisham Stop Smoking Services



Source: Lewisham Stop Smoking Services



Source: Lewisham Stop Smoking Services



Source: Lewisham Stop Smoking Services

Achievements

- Smoking prevalence has decreased slightly, reflecting a downward trend over the past few years.
- Smoking status at time of delivery remains less than half that of London and England (SATOD).
- Under 75 mortality from lung cancer has increased. Although the rate is a notable rise on 2012, a three year average for 2011-2013 of 42.9 reveals that the indicator is subject to large yearly changes. The three year average is also comparable to similar authorities: Lambeth (41.9); Greenwich (42.7) and Southwark (41.1). The high smoking prevalence in the 1960s-80s is the main contributor to lung cancer deaths. Smoking prevalence has continued to decrease in the borough over the last ten years, which will eventually reduce lung cancer deaths.
- There are a number of key actions identified at a local level in addition to national measures to reduce smoking prevalence. These include continued focus on enforcement (there has been significant success in seizures of illegal tobacco) and a stop smoking service for heavily addicted smokers.
- There has also been particular success in reaching smokers and encouraging them to quit in more deprived areas of the borough and raising awareness among 12-13 years olds through an evidence based peer to peer education programme in schools.

Key Messages

- The NHS Health Check programme aims to prevent heart disease, stroke, diabetes and kidney disease, and raise awareness of dementia both across the population and within high risk and vulnerable groups. In April 2013 the NHS Health Check became a mandated public health service in England. Local authorities are responsible for making provision to offer an NHS Health Check to eligible individuals aged 40-74 years once every five years.
- Lewisham has high premature mortality rates from circulatory disease compared with London and England and CVD is a major contributor to the life expectancy gap between Lewisham and England. However, Lewisham has lower levels of detected disease. In 2013 there were 32,709 people diagnosed with hypertension in Lewisham. This was lower than expected and 10.3% of adults (an estimated 20,000) could have hypertension who have not been diagnosed.
- The Lewisham NHS Health Check programme was nationally recognised in November 2014 and was awarded the Heart UK "Team of the Year" award for the Community Pharmacy Health Check Service. Twenty five percent of all health checks have been undertaken by community pharmacies.
- The health check programme is increasingly reaching more men (44% in 2014/15). The majority of people attending are in the younger age group (40-55 years)
- At least 20 per cent of the eligible population have been offered a health check annually. The annual % uptake rate is increasing and in 2014/15 uptake was 47% in line with

Health and Wellbeing Board Performance Metrics

Indicator	Latest period of availability	Lewisham	London	England	England benchmark	Direction from previous period
Under 75 Mortality from CVD (rate per 100,000)	2011-13	87.4	80.1	78.2	sig high	↓

Activity Performance

		Lewisham	
		2013/14	2014/15
Number Offered	Actual	18,543	15,673
	Target	13,124	13,450
Number eligible	Actual	65,622	67,248
	Target	20%	20%
% eligible pop. offered	Actual	23.2%	23.3%
	Target	20%	20%
Number completed	Actual	7,075	6,064
	Target	7,800	7,800
% Uptake	Lewisham	38.2%	38.7%
	London	47.3%	44.7%
	England	49.0%	45.3%

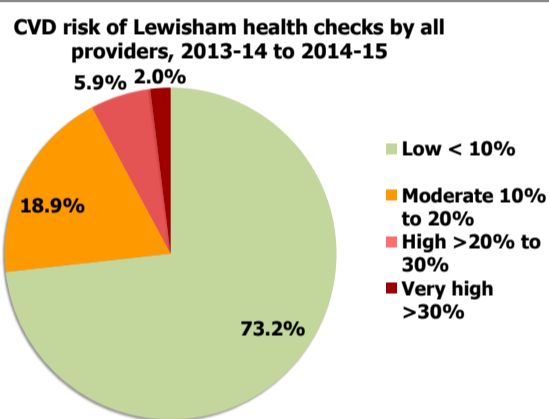
Source: QMS Health Check Focus

Similar CCG	2013/14	2014/15
Barking & Dagenham	45.4%	55.4%
Brent	51.4%	56.0%
City & Hackney	49.5%	64.4%
Croydon	234.9%*	45.3%
Greenwich	54.6%	60.1%
Haringey	45.0%	55.5%
Lambeth	32.4%	28.1%
Southwark	33.0%	41.6%
Waltham Forest	59.1%	50.9%
Wandsworth	74.8%	56.5%

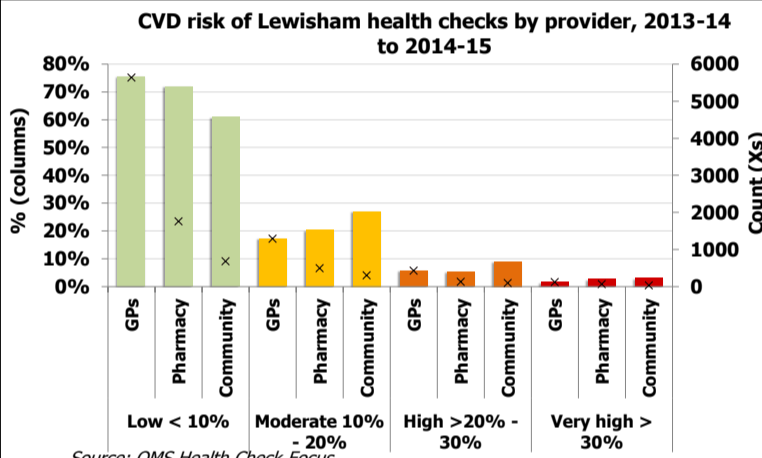
* indicates data quality issue

Source: <http://www.healthcheck.nhs.uk/>

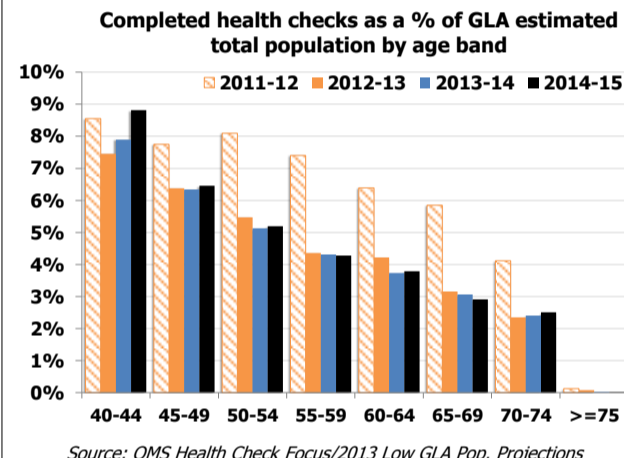
Trends/Benchmarks



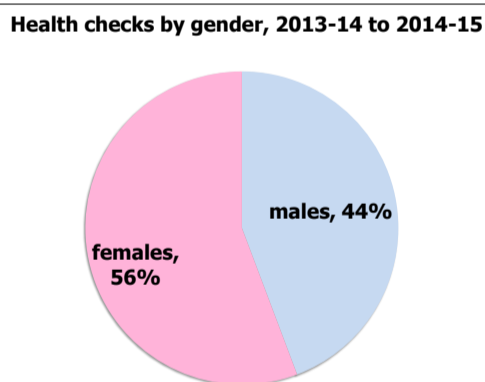
Source: QMS Health Check Focus



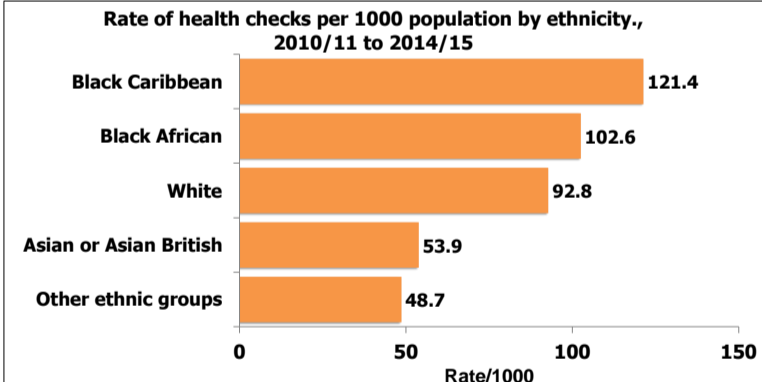
Source: QMS Health Check Focus



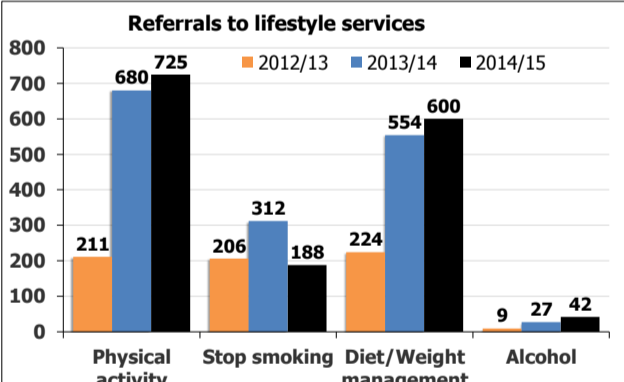
Source: QMS Health Check Focus/2013 Low GLA Pop. Projections



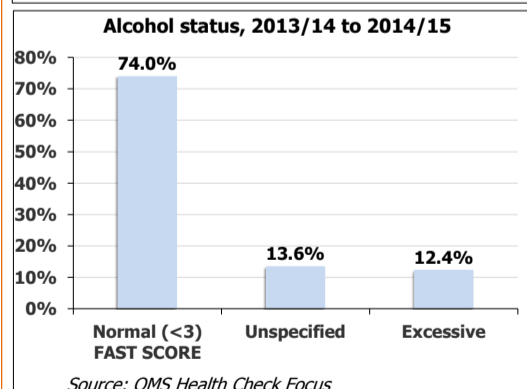
Source: QMS Health Check Focus



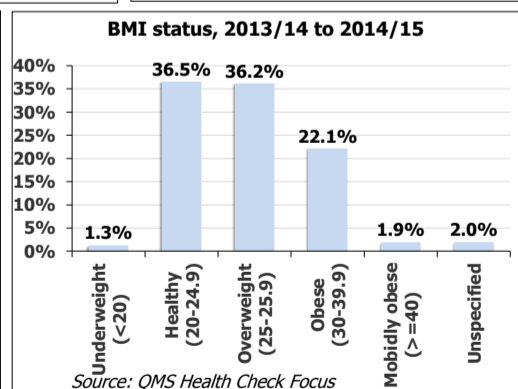
Source: QMS Health Check Focus/GLA 2013 population projections for 2015



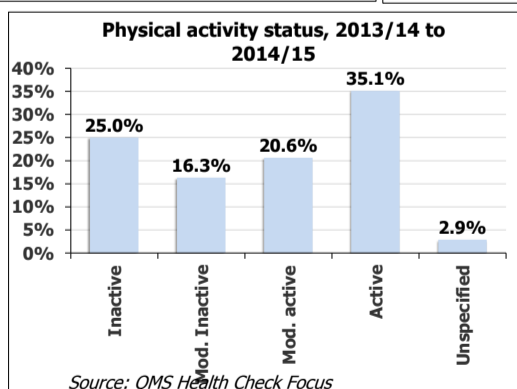
Source: QMS Health Check Focus



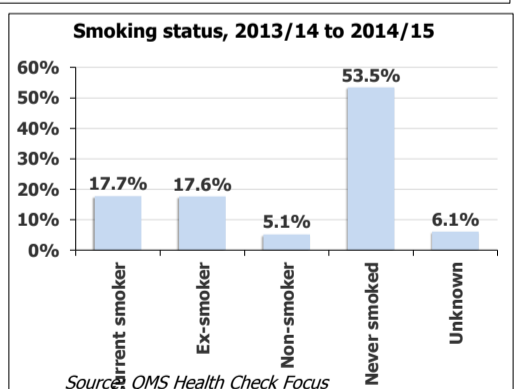
Source: QMS Health Check Focus



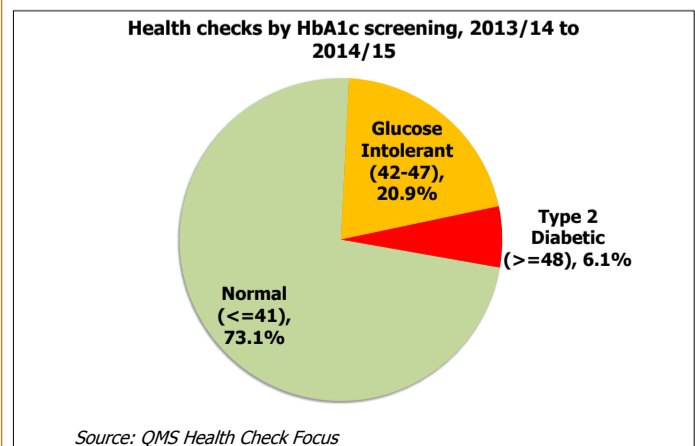
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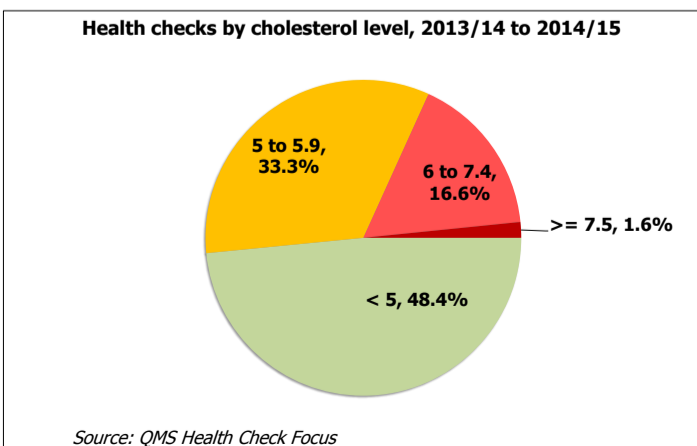
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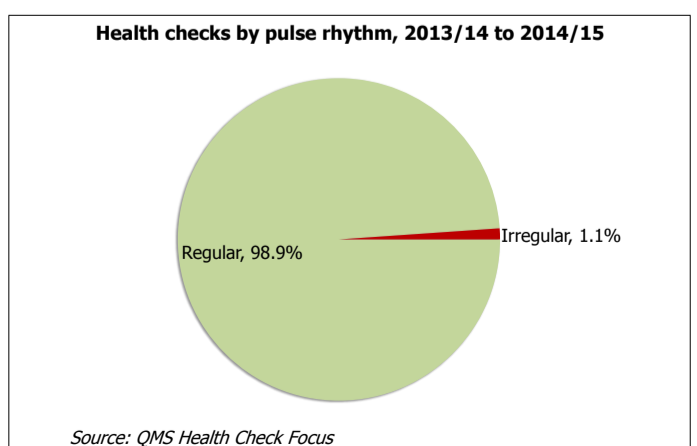
Source: QMS Health Check Focus



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Achievements

In total over 29,000 Healthcheck have been undertaken in Lewisham.
The programme has been successful at identifying people at high risk of developing cardiovascular disease.(3,000 people).
The Lewisham NHS Health Check programme was nationally recognised in November 2014 and was awarded the Heart UK "Team of the Year" award for the Community Pharmacy Health Check Service. Twenty five percent of all health checks have been undertaken by community pharmacies.
The health check programme is increasingly reaching more men (44% in 2014/15). The majority of people attending are in the younger age group (40-55 years).
The programme has identified high numbers of Lewisham residents at high risk of developing diabetes and over six per cent with the established disease